



Group Life Insurance

Administration Manual

State of Wisconsin
Department of Employee Trust Funds
801 W Badger Rd.
Madison, WI 53713-2526

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

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**Department of Employee Trust Funds
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Department of Employee Trust Funds GROUP LIFE INSURANCE ADMINISTRATION MANUAL

PREFACE

The *Group Life Insurance Administration Manual* (ET-1117) is intended as a reference to aid your administration and participation in the Group Life Insurance program. Its contents are based on State statute, administrative code, and the group life plan language as approved by the Group Insurance Board and provide instruction relevant to the administrative and reporting procedures of the Group Life Insurance program. The development of statutes, administrative code, and group life plan language is ongoing and changes may occur subsequent to this manual's revision. Therefore, the Department of Employee Trust Funds (ETF) will make every effort to communicate any subsequent changes via *Employer Bulletin*.

This manual contains examples relevant to the administration of the Group Life Insurance program but they do not cover every eventuality. Specific program questions and unique situations must be considered with regard to the most current statute, administrative code and/or case law by ETF. Consult this manual as a first-step resource when you encounter Group Life Insurance program-related questions or concerns.

ETF's Employer Communication Center provides a single point of contact to resolve issues regarding eligibility, enrollment, and coverage for ETF administered benefit programs, including the Group Life Insurance program. A central voicemail system handles calls if Employer Communication Center staff lines are busy. The voicemail system is monitored on a regular basis and calls are returned within 24 hours.

Minnesota Life Insurance Company (MLIC) acts as the third party administrator, resolving application and claim processing issues and should be the point of contact when such issues arise. However, ETF provides ombudsperson services to assist claimants with unresolved problems or complaints regarding the third party administrator.

We appreciate your efforts to accurately administer the provisions of the Group Life Insurance program. Please contact the **Employer Communication Center either toll-free (888) 681-3952 or locally at (608) 264-7900** if you have comments on this edition or suggestions for the next edition of this manual.

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

CHAPTER 1 — STATUTORY AUTHORITY

- 100 Statutory Authority**
- 101 Program Description**

100 Statutory Authority

This manual contains information to assist employers in the administration of the Wisconsin Public Employers Group Life Insurance program provided for eligible employees under Chapter 40. The information contained in this manual is governed by Chapter 40, Wis. Stat.; Wisconsin Administrative Code; and the Group Life Insurance Contract. (Refer to Appendices A and B.) Employee information is provided in the *Group Life Insurance Booklet* (ET-2101).

101 Program Description

A. Type of Insurance

The insurance provided is group term life insurance, which builds no cash value. It may not be assigned to anyone [Wis. Stat. § 40.08 (1)], but it may be paid out during the lifetime of the insured under certain circumstances. (Refer to subchapter 305.) The insurance also provides continued coverage upon termination for qualified employees. (Refer to Chapter 16.)

B. Group Insurance Board

Authority for the Group Life Insurance program is vested in the Group Insurance Board [Wis. Stat. § 15.165 (2)]. The Board consists of the following 10 members:

1. Governor or designee
2. Attorney General or designee
3. Secretary of the Department of Administration or designee
4. Director of the Office of State Employment Relations or designee
5. Commissioner of Insurance or designee
6. Insured participant who is not a teacher (2-year term)
7. Insured teacher participant of the Wisconsin Retirement System (2-year term)
8. Insured employee of a local unit of government (2-year term)
9. One member appointed without restriction (2-year term)
10. Insured annuitant (2-year term)
11. Chief executive or member of the governing body of a WRS participating local unit of government (2-year term)

C. Department of Employee Trust Funds

The Group Life Insurance program is administered through the Secretary of the Department of Employee Trust Funds (ETF). The Secretary may authorize a representative or representatives designated by the employer to act for the employer in matters pertaining to the employee trust fund [Wis. Stat. § 40.03 (2) (j)]. Usually, the employer representative also represents the employer in matters regarding the Wisconsin Retirement System.

D. Insurance Company

At present, the Group Insurance Board contracts with Minnesota Life Insurance Company (MLIC) for this coverage.

E. Sharing of Cost

1. The cost of the Group Life Insurance Basic Plan is shared by the employer and the insured employee. Under the statutory provisions of the Group Life Insurance program, the employer is required to pay that portion of cost that is not paid through employee contributions.
2. State and local government employers that choose to do so, also share the cost of Supplemental insurance.
3. The employee's contribution is the rate approved by the Board. For the Basic and Supplemental plans, it may not exceed 60 cents monthly for each \$1,000 of group life insurance [Wis. Stat. § 40.05 (6) (a)].
4. The employer's share of the cost is reviewed on an annual basis. The amount payable is fixed as a percentage of employee contributions. The percentage is determined by the Board and certified to each employer. The certification occurs only when there are changes in the percentage of contribution [Wis. Stat. § 40.05 (6) (e)].
5. Spouse & Dependent, Supplemental, Additional, and Age 70 and Over Additional Insurance are optional plans. Unless the employer specifically provides otherwise, the coverage is financed through employee premiums only.

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CHAPTER 2 — EMPLOYER REPRESENTATIVE RESPONSIBILITIES

- 200 Introduction**
- 201 *Life Insurance Brochure* (ET-2101)**
- 202 Employee Transactions**
- 203 Calculating Imputed Tax Liability**

200 Introduction

Each employer should designate a life insurance representative responsible for effectively administering the Group Life Insurance program. The representative may also be the WRS Agent. A life insurance representative's role includes, but is not limited to, the following tasks:

Administration	<ol style="list-style-type: none">1. Understand participation and coverage provisions of the Group Life Insurance program.2. Understand proper forms used in administering the Group Life Insurance program.3. Determine coverage eligibility for each employee.4. Perform a previous service check to determine when a new employee is eligible for life insurance coverage.5. Maintain adequate supplies of forms/brochures used in the administration of the Group Life Insurance program.
Reporting	<ol style="list-style-type: none">1. Comply with Chapter 40, Wis. Stat. and Wis. Admin. Code reporting requirements.2. Certify necessary information on behalf of the employer.3. Secure, audit and maintain applications and arrange payroll deductions4. Sign and transmit forms containing information used by ETF to determine eligibility or benefit amounts.
Transmit Premiums	<ol style="list-style-type: none">1. Prepare, audit and submit premium and coverage reports.2. Transmit premiums according to procedure.
Advise Employees	<ol style="list-style-type: none">1. Explain eligibility, cost, enrollment procedures, and coverage effective dates to new employees.2. Ensure all eligible employees are provided enrollment information if the employer adopts a resolution to add new levels of life insurance coverage.3. Handle the different stages during the employment career of an employee; refer to subchapter 202 for a chart showing the different employee transactions, employer responsibilities and the reference chapter for more information.4. Inform employees that the Secretary of the Department of Employee Trust Funds is authorized under Wis. Stat. § 40.03 (2) (ig), to promulgate, with the approval of the group insurance board, all rules required for the administration of the life insurance plan.

	5. Refer participating employees to the ETF Member Call Center toll free at (877) 533-5020 for any benefit-related questions and/or information regarding their individual coverage.
Distribute materials	<ol style="list-style-type: none">1. Ensure staff responsible for the day-to-day administration of the Group Life Insurance program receive all program-related communications sent by ETF to the designated WRS agent.2. Distribute copies of completed applications to ETF and the employee timely and maintain an employer copy.3. Distribute all materials necessary for the effective administration of the Group Life Insurance program to each participating employee, including but not limited to a:<ul style="list-style-type: none">• <i>Life Insurance Application</i> (ET-2304).• <i>Group Life Insurance Brochure</i> (ET-2101) (refer to subchapter 201 for an explanation of the <i>Life Insurance Brochure</i>).

201 *Life Insurance Brochure* (ET-2101)

The *Group Life Insurance Brochure*:

- Describes the plans to the employee.
- Must be distributed by the employer representative to each eligible employee with the *Life Insurance Application/Cancellation/Refusal* (ET-2304).
- Serves as the summary plan description/certificate of participation if the employee enrolls and, combined with the acknowledgement copy of the application, informs employees they are insured through Minnesota Life Insurance Company (MLIC).

202 Employee Transactions

STAGES DURING AN EMPLOYMENT CAREER	EMPLOYER REPRESENTATIVE RESPONSIBILITIES	CHAPTER REFERENCE
Employee is newly hired and/or begins participating in WRS.	• Provide <i>Group Life Insurance Application and Life Insurance Brochure</i> (ET-2101).	2
	• Wants Insurance:	
	a. Determine types of coverage available.	3
		4
	b. Determine whether employee wants any optional coverage offered by the employer in addition to Basic coverage.	4
		4
	c. Conduct a previous service check.	4, 5, 6
		8
	d. Determine eligibility date.	8, 9
	e. Have employee file application.	
Employee reaches age 30, 35, 40, 45, 50, 55, 60, 65 or 70.	f. Determine amount of insurance.	
	g. Begin payroll deductions.	
	• Does Not want Insurance:	
	a. Advise of evidence of insurability provisions.	7
	b. Have employee file refusal.	6
	• Advise of premium rate change.	8
	• Advise of premium ceasing at age 70 and how insurance is continued as an active employee.	3, 16
	• Advise employee of Age 70 and Over Additional plan, if available.	3, 4
	• Notify employee of option to continue coverage through prepaid premiums.	5
	• If employee wants coverage to lapse during the leave, advise employee to discontinue premium payment and NOT file a cancellation. Canceling coverage requires that the employee reapply through evidence of insurability.	16
Employee goes on unpaid leave or layoff (no termination of WRS participation).	• If employee is on medical leave, check whether employee's disability will qualify for waiver of premiums.	14
	• Notify employee of option to continue coverage through prepaid premiums.	5
	• Advise of conversion/continuation privileges if employee is not re-employed.	16

Employee returns from leave or layoff.	<ul style="list-style-type: none"> • If coverage lapsed during the leave, provide an opportunity to reapply. • If a new plan becomes available during the leave, provide an opportunity to apply. 	5 4, 5
Employee terminates employment.	<ul style="list-style-type: none"> • Advise employee of continuation or conversion options. • Provide necessary forms. 	16 16
Employer discharges employee and employee appeals that discharge.	<ul style="list-style-type: none"> • Advise employee of their option to continue coverage during the appeal process. Employee pays both the employee and employer share of premium until resolution of the appeal. ***If reinstated, no application is necessary since coverage did not lapse. 	8
Employee is considering retirement.	<ul style="list-style-type: none"> • Advise employee to contact the Department of Employee Trust Funds (ETF). 	16
Employee dies	<ul style="list-style-type: none"> • Advise employee's family of insurance provisions • Advise ETF or MLIC of death 	15
Accidental loss of the employee's life, sight, and/or limb.	<ul style="list-style-type: none"> • Advise employee or next-of-kin of insurance provisions. • Provide proper forms for claim. 	15

203 Calculating Imputed Tax Liability

The Internal Revenue Service requires that any fringe benefit provided by an employer must be included in the recipient's pay and, therefore, is subject to income tax, unless the law specifically excludes it. There is a tax exclusion for up to \$50,000 of coverage in a group life insurance plan that meets the requirements set forth in Internal Revenue Code (IRC) Section 79. Amounts of coverage over \$50,000 are taxable and must be included in the employee's taxable earnings, subject to social security and Medicare taxes, as ordinary income. This imputed tax liability is not reportable for WRS purposes.

The Wisconsin Public Employers Group Life Insurance program qualifies as a group term life insurance plan under IRC Section 79, allowing insured employees to qualify for the \$50,000 exclusion. Other group term life insurance offered by an employer may also qualify for the \$50,000 exclusion under IRC Section 79. Employees who participate in more than one qualified group term life insurance plan must combine all coverage, and are entitled to exclude the cost of no more than \$50,000 of coverage from all qualified plans. Consult with your agency's accountant or business manager to determine whether or not other coverage offered qualifies under IRC Section 79.

The method for determining the amount to be included in the gross taxable income is specifically outlined in IRC Section 79. The cost of excess coverage over \$50,000 is

calculated by determining the amount of coverage subject to taxation and using the IRS Uniform Premium Rate Table, shown below, to determine the cost. IRC Section 79 (a) notes that the cost of excess coverage may be offset by the total after-tax premiums paid by the employee. However, if the employee pays premium on a pre-tax basis, such as through a Section 125 cafeteria plan, the employee premium paid does not offset the IRS cost. There is also no cost offset if the employer pays 100% of the Basic premium or otherwise contributes to the employee share of the premium. The cost of coverage in excess of \$50,000 is to be calculated on a monthly basis.

Table 2.1: Uniform Premiums for \$1,000 of Group-Term Life Insurance Protection [IRS Treas. Reg. §1.79-3 (d)(2)]

AGE*	COST**	AGE*	COST**
Under 25	\$ 0.05	50-54	\$ 0.23
25-29	\$ 0.06	55-59	\$ 0.43
30-34	\$ 0.08	60-64	\$ 0.66
35-39	\$ 0.09	65-69	\$ 1.27
40-44	\$ 0.10	70 & over	\$ 2.06
45-49	\$ 0.15		

* At the end of the calendar year.

** Per \$1,000 of coverage for one month.

Determining the Imputed Tax Liability

1. Calculate the employee's coverage amount and share of premium for all life insurance coverage. This includes State Group Life Insurance coverage, as well as any other life insurance offered by the employer that meets the qualifications to be excluded under IRS Section 79.
2. Subtract the allowable \$50,000 tax-free coverage from the total amount of coverage.
3. Determine the IRS cost of excess coverage by multiplying the amount from Step 2 by the cost per \$1,000 of coverage from the IRS Tax Table I. When using the table, the employee's age is their attained age on the last day of the taxable year.
4. Subtract the amount the employee paid on a post-tax basis from the amount calculated in Step 3.
 - a. If the employee paid premiums on a **post-tax** basis, the IRS Table I cost is reduced by the amount of premium that the employee paid. Any remaining IRS Table I cost is added to the employee's taxable income. If the amount of premiums paid exceeds the IRS Table I cost, the imputed liability is -0-.
 - b. If the employee paid premium on a **pre-tax** basis, the IRS Table I cost is not reduced because the employee paid no portion of the group-term life insurance with after-tax employee contributions. The amount calculated in Step 3 above is added to the employee's taxable income.

EXAMPLE 1: State employee; age 29; annual earnings \$39,000; 5 levels of coverage; Total Coverage Amount \$195,000.

1. **Employee premium amount:**
Basic and Supplemental @ \$0.05 per thousand = \$3.90 per mos.
Additional (3 units) @ \$0.07 per thousand = \$8.19 per mos.
Total Employee Premium = \$12.09 per mos.; \$145.08 per yr.
2. **Excess coverage amount:**
\$195,000 (total coverage amount) - \$50,000 (tax-free amount) = \$145,000.
3. **IRS premium for coverage over \$50,000:**
\$145,000 x \$0.06 per \$1,000 (from IRS Table 1) = \$8.70 per mos.; \$104.40 per yr.

Pre-Tax Premiums - If the employee's share of the premium is paid on a pre-tax basis, none of the Table 1 cost is offset. Therefore, \$8.70 per month or \$104.40 per year is added to the employee's taxable income.

Post-Tax Premiums - If the employee's share of the premium is paid on a post-tax basis, the IRS Table 1 cost of \$8.70 per month is offset by the post-tax premium of \$12.09 per month, resulting in no additional taxable income.

EXAMPLE 2: State employee; age 61; annual earnings \$44,000; 5 levels of coverage; Total Coverage Amount \$220,000.

1. **Employee premium amount:**
Basic and Supplemental @ \$0.38 per thousand = \$33.44 per mos.
Additional (3 units) @ \$0.57 per thousand = \$75.24 per mos.
Total Employee Premium = \$108.68 per mos.; \$1,304.16 per yr.
2. **Excess coverage amount:**
\$220,000 (total coverage amount) - \$50,000 (tax-free amount) = \$170,000.
3. **IRS premium for coverage over \$50,000:**
\$170,000 x \$0.66 per \$1,000 (from IRS Table 1) = \$112.20 per mos.; \$1,346.40 per yr.

Pre-Tax Premiums - If the employee's share of the premium is paid on a pre-tax basis, none of the Table 1 cost is offset. Therefore, \$108.68 per month or \$1,304.16 per year is added to the employee's taxable income.

Post-Tax Premiums - If the employee's share of the premium was paid on a post-tax basis, the IRS Table 1 cost of \$112.20 per month is offset by the post-tax premium paid of \$108.68 per month, resulting in additional taxable income of \$3.52 per month.

EXAMPLE 3: Local Government employee; age 45; annual earnings \$40,000; 5 levels of coverage; Total Coverage Amount \$200,000.

1. **Employee premium amount:**
Basic, Supplemental, Additional (3 units) @ \$0.15 per thousand = \$30.00 per mos.; \$360.00 per yr.
2. **Excess coverage amount:**
\$200,000 (total coverage amount) - \$50,000 (tax-free amount) = \$150,000.
3. **IRS premium for coverage over \$50,000:**
\$150,000 x \$0.15 per \$1,000 (from IRS Table 1) = \$22.50 per mos.; \$270.00 per yr.

Pre-Tax Premiums - If the employee's share of the premium was paid on a pre-tax basis, none of the Table 1 cost is offset. Therefore, \$22.50 per month or \$270 per year is added to the employee's taxable income.

Post-Tax Premiums - If the employee's share of the premium was paid on a post-tax basis, the IRS Table 1 cost of \$22.50 per month is offset by the post-tax premium paid of \$30.00 per month, resulting in no additional taxable income.

EXAMPLE 4: State Employee; age 56; annual earnings \$39,000; 5 levels of State Group Life Insurance coverage; \$20,000 coverage through another qualified group term life insurance plan; Total Coverage Amount \$215,000.

1. **Employee premium amount:**
Basic and Supplemental @ \$0.28 per \$1,000 = \$21.84 per mos.; \$262.08 per yr.
Additional (3 units) @ \$0.42 per \$1,000 = \$49.14 per mos.; \$589.68 per yr.
Other Group Life (qualified under §79) = \$10.28 per mos.; \$123.36 per yr.
Total Employee Premium = \$81.26 per mos.; \$975.12 per yr.
2. **Excess coverage amount:**
\$215,000 (total coverage amount) - \$50,000 (tax-free amount) = \$165,000.
3. **IRS premium for coverage over \$50,000:**
\$165,000 x \$0.43 per \$1,000 (from IRS Table 1) = \$70.95 per mos.; \$851.40 per yr.

State Group Life Premium Paid Pre-Tax - Other Premium Paid Post-Tax -

If the employee paid the State Group Life premium on a pre-tax basis, that premium does not offset the Table 1 cost. However, the "other qualified coverage" was paid on a post-tax basis; therefore, the IRS Table 1 cost of \$70.95 per month is offset by \$10.28, the monthly cost of the other coverage, resulting in \$60.67 per month of additional taxable income.

Both State Group Life and Other Premiums Paid Post-Tax - If the employee paid the entire premium for both plans on a post-tax basis, the IRS Table 1 cost of \$70.95 per month is offset by the total amount of post-tax premium paid, resulting in no additional taxable income.

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

CHAPTER 3 — TYPES OF INSURANCE

- 300 Basic Coverage**
- 301 Supplemental Coverage**
- 302 Additional Coverage**
- 303 Spouse & Dependent Coverage**
- 304 Accidental Death and Dismemberment**
- 305 Payment of Life Insurance Proceeds Prior to Death**

The Wisconsin Public Employers' Group Life Insurance program offers group term life insurance to State and local government employees. There are five levels of coverage available to State employees. The governing body of each local government employer must pass a resolution for the levels of coverage that it wishes to offer.

300 Basic Coverage

Basic insurance offers the following benefits:

- Group term life insurance equal to 100% of the employee's previous calendar year earnings, rounded to the next higher thousand dollars.
- Accidental death and dismemberment benefits equal to the face amount of the Basic insurance, up to age 65 (or age 70, if actively employed).
(Refer to subchapter 304 for more information.)
- Waiver of premium during an employee's total disability, occurring for any cause.
(Refer to Chapter 14 for more information.)
- Living benefits up to the face value, payable to the insured, in case of terminal illness with a life expectancy of 12 months or less.
(Refer to subchapter 305 for more information.)
- Optional conversion of post-retirement life insurance to pay premiums for health or long-term care insurance plans offered by the Department of Employee Trust Funds (ETF).
(Refer to subchapter 305 for more information.)
- State and Local government employers are required to pay a portion of the premium. State agencies pay an amount equal to 63% of the employee Basic premium. Local employers pay an amount equal to 20% of the employee Basic premium if they offer post-retirement coverage at the 25% of Basic level and 40% of the employee Basic premium if they offer post-retirement coverage at the 50% of Basic level.

- Post-age 65 coverage for retirees at 25% or 50% of the pre-retirement Basic coverage amount, at no cost to the insured after age 65 for life. The amount of post-retirement coverage is shown on the continuing coverage table below.

AGE	Percent of Pre-Retirement Basic Coverage in Force	
	<u>Local</u>	<u>State</u>
Before age 65	100%	100%
While age 65	75%	75%
While age 66	50%	50%
While age 67 and after	25% *	50%

- * The 25% continuing coverage factor applies only to employees of local government units. Local government employers may elect continuation of 50% of the Basic coverage if they file a resolution to make the increased contribution.
(Refer to subchapter 906 for more information regarding the 50% post-retirement benefit resolution.)

301 Supplemental Coverage

Supplemental coverage is available to State employees and to local government employees whose employer has filed a resolution to offer the coverage.

- The benefits offered under the Supplemental coverage are identical to Basic coverage, except that there is no over-age 65 benefit for retirees.
- An employee must have Basic coverage in order to be eligible for Supplemental coverage. For retired employees, Supplemental coverage continues until age 65. For active employees, Supplemental coverage continues until retirement or age 70, whichever occurs first.
- Prior to April 24, 1990, a 50% Supplemental Plan was available. Employees covered under the 50% plan before April 24, 1990 retain this coverage until they no longer participate in this group plan, they elect to cancel this coverage, or coverage terminates due to age or retirement.

Local government employers are not required to contribute toward the cost of Supplemental coverage, but may elect to do so. State agencies contribute premiums equal to 35% of the employee-required premium.
(Refer to Chapter 9.)

302 Additional Coverage

A. Additional Coverage

Additional coverage, up to three units, is available to State employees. Local government employers may elect to offer 1, 2, or 3 units of Additional insurance.

- Each unit is equal to 100% of the employee's previous calendar year earnings rounded to the next higher thousand.
- An employee must have Basic coverage in order to be eligible for Additional coverage.
- Employees may apply for 1, 2, or 3 units of coverage, depending on the levels offered by their employer.
- The benefits offered under the Additional coverage are identical to Basic coverage, except there is no over-age 65 benefit for retirees.
- Additional coverage for retired employees continues until age 65.
- For active employees, Additional coverage continues until retirement or age 70, whichever occurs first. Active employees over age 70 may apply for continued coverage under the Age 70 and Over Additional plan.
- No employer contribution is required.

B. Age 70 and Over Additional Coverage

- Active employees enrolled in the Additional Plan may apply for Age 70 and Over Additional coverage without providing evidence of insurability by submitting an application to the employer prior to turning age 70. Active employees not enrolled in the Additional Plan may apply for Age 70 and Over Additional coverage (if offered by their employer), by providing acceptable evidence of insurability.
- Basic coverage is not a prerequisite for Age 70 and Over Additional coverage.
- Each unit is equal to 100% of the employee's previous calendar year earnings rounded to the next higher thousand.
- Employees may apply for 1, 2, or 3 units of Age 70 and Over Additional coverage, in accordance with the number of units offered by their employer.
- Benefits offered under the Age 70 and Over Additional coverage are identical to Basic coverage, except there is no over age 65 benefit for retirees.
- Coverage ends on the date the employee terminates employment.
- No employer contribution is required.

303 Spouse & Dependent Coverage

Spouse & Dependent coverage is available to individuals covered by the Basic Plan (if the employer has elected to offer the coverage) and provides term insurance for an employee's legal spouse and/or dependent children.

- The employee may elect 1 or 2 units of coverage.
- For each unit of coverage, the spouse is insured for \$10,000 and each dependent is insured for \$5,000. The Group Insurance Board may authorize coverage increases from time to time.
- Premiums will be waived during the employee's total disability.
- Living benefits are payable to the insured in case of terminal illness, up to the face value of insurance.
- An insured spouse or dependent may convert to an individual policy if the coverage was in effect for six continuous months prior to the employee's termination of employment, death, divorce, or dependent's loss of eligible status.
- An employee may not enroll for Spouse & Dependent coverage through more than one employer.
- Both parents may carry Spouse & Dependent coverage if both are covered under the WPE Group Life Insurance program.
- The employee is the beneficiary in the event of a spouse or dependent death. When both parents have coverage on a dependent child, a death benefit will be paid for each parent's coverage.
- No employer contribution is required.

304 Accidental Death and Dismemberment

- A. Coverage under the Basic, Supplemental and Additional plans include benefits payable for accidental death and dismemberment. This benefit continues while insurance is in force and until the employee reaches age 65, if retired, or age 70 if still actively employed.
 - Insurance on a spouse or dependent child does not include the accidental death and dismemberment benefit.
 - In case of accidental death, as defined in the contract, the employee's life insurance proceeds are doubled.
 - The amount of Accidental Dismemberment benefit paid depends on the severity of the injury.
 - Only one Accidental Death and Dismemberment claim payment will be made for each loss or loss of use of the same limb.

B. The tables below list the benefit payment for each type of loss:

Coverage A - Loss of Life, Limb or Sight

LOSS	BENEFIT PAYMENT
Life	Principal Sum
2 or more members	Principal Sum
1 member	$\frac{1}{2}$ Principal Sum
Thumb and index finger on same hand	$\frac{1}{4}$ Principal Sum

The “Principal Sum” is the total amount of coverage (Basic, Supplemental and/or Additional) in effect on the date the injury is sustained. “Member” means hand, foot or eye.

Coverage B - Permanent and Total Loss of Use

LOSS	BENEFIT PAYMENT
Each hand or foot from wrist or ankle	$\frac{1}{4}$ Principal Sum
Each arm or leg from shoulder or hip	$\frac{1}{2}$ Principal Sum

Permanent and total loss of use means the permanent and total loss of the ability to function because of incurable paralysis or stiffening resulting from accidental injury.

C. Limitations on Accidental Death and Dismemberment Coverage

For payment of benefits under coverage A and B, the loss must be unintended, unexpected and unforeseen and:

- Result from bodily injury, as shown by a visible contusion or wound on the exterior of the body, except in the case of drowning.
- Be suffered solely through external, violent and accidental means.
- Be the direct result of an injury, independent of all other causes.
- Occur within one year of the date of the accident.

This benefit is not payable if the death or other loss is caused directly or indirectly by, results from, or there are contributions from, any of the following:

- Self-inflicted injury or self destruction, whether sane or insane;
- Suicide or attempted suicide, whether sane or insane;
- The employee’s participation in or attempt to commit a crime, assault or felony;
- Bodily or mental infirmity, illness or disease;

- The use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage;
- Motor vehicle collision or accident where the employee is the operator of the motor vehicle and the employee's blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto;
- Infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury;
- Medical or surgical treatment or diagnostic procedures or any resulting complications;
- Travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier;
- War or any act of war, whether declared or undeclared.

D. Payment of Benefits

In case of injury, if more than one loss results from any one accident, payment will be made for the one loss for which the largest amount is payable, not to exceed the Principal Sum. If an employee who has received payment for a loss listed under coverages A or B incurs a subsequent loss to a different limb or member, payment shall be made for that loss without reference to any previous loss. Under no circumstances, however, will more than one payment be made for the loss or the loss of use of the same limb or member or part thereof.

Benefits for loss of life will be paid to the employee's beneficiary. Benefits for any other loss will be paid to the employee.

Refer to subchapter 1505 for information about filing a claim for Accidental Death and Dismemberment benefits.

305 Payment of Life Insurance Proceeds Prior to Death

Employees can obtain use of their life insurance proceeds before death under two different provisions of the statutes and life insurance contract. These two provisions are mutually exclusive; a person who chooses one of the two provisions forfeits the possibility of choosing the other.

A. Living Benefits

In case of serious medical problems, life insurance proceeds can be paid during the lifetime of the insured (including a spouse or child insured under the Spouse & Dependent Plan). There are no age requirements.

The insured person must have a terminal illness or condition caused by sickness or accident which can reasonably be expected to result in a life expectancy of 12 months or less.

Medical evidence is required, and must be acceptable to Minnesota Life Insurance Company (MLIC) in order for the benefit to be paid. For more information about living benefits, refer to subchapter 1507.

B. Conversion of Life Insurance to Pay Health or Long-Term Care Insurance Premiums

Wis. Stat. § 40.72 (4r) provides that an insured participant may convert their life insurance coverage to pay health or long-term care insurance premiums. For more information about converting life insurance to pay premiums, refer to subchapter 1508.

The insured need not meet any medical criteria in order to qualify, and the IRS has indicated that life insurance proceeds used in this way do not create a tax liability. However, several important restrictions apply:

- The participant must have reached the final insurance reduction age (age 66 for all State retirees and for local retirees whose employer provides a 50% post-retirement benefit; age 67 for all local retirees whose employer provides a 25% post-retirement benefit; and age 70 for all active employees).
- The participant must have health or long-term care insurance administered by ETF. Non-ETF plans do not qualify for this program.
- The amount converted will be the present value, not the face value, of the coverage. The present value is always less than the face value.
- For tax reasons, the converted amount cannot be paid directly to the insured. The insured's health or long-term care insurance premiums will be administered by MLIC until the sum is exhausted.
- The maximum face amount that can be converted is \$50,000.

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

CHAPTER 4 — ELIGIBLE EMPLOYEES

400	Employee Eligibility Criteria
401	Determining Initial Insurance Eligibility Date
402	WRS Previous Service Check
403	<i>WRS Previous Service Checks Form (ET-1715)</i>
404	Calendar of Eligibility Dates for New Hires
405	Spouse & Dependent Coverage Eligibility
406	Eligibility for Employees Age 70 and Older
407	Eligibility When a New Plan Is Offered

400 Employee Eligibility Criteria

- A. All employees, including part-time, limited term, substitute teachers, seasonal and non-represented employees, are eligible for and must be offered life insurance coverage provided they:
- Have been covered by the Wisconsin Retirement System (WRS) or the employer's qualified private pension plan for non-WRS employers for six months.
- AND
- Are under age 70 on the date that coverage becomes effective.
[Wis. Stat. § 40.02 (25) (a) 1.]
- B. The following provisions are exceptions to age and/or pension plan participation requirements stated above:
1. The following State employee groups covered under WRS are immediately eligible for Group Life Insurance coverage as long as they apply within 30 days of taking office or starting employment [Wis. Stat. § 40.02 (25) (a) 2]:
 - State elected officials;
 - Employees of a Legislative Service Agency under Wis. Stat. § 13.80-13.96;
 - State constitutional officers;
 - Justices of the Supreme Court;
 - Judges in a court of appeals or circuit court;
 - District attorneys;
 - Chief Clerk or Sergeant at Arms of the Senate or Assembly;
 - Employees of the Senate and Assembly.
 2. Any visually impaired employee of the Wisconsin Workshop for the Blind authorized under Wis. Stat. § 47.03 (1) (b), 1989, or of the nonprofit corporation with which the Department of Workforce Development contracts under Wis. Stat. § 47.03 (1m) (a), 1989, is eligible for coverage after six

months of WRS participation or on the first day of the month following completion of 1,000 hours of service, whichever is first.
[Wis. Stat. § 40.02 (25) (a) 3.]

3. Employees who are age 70 and above at the time the employer joins the Group Life Insurance program are not disqualified due to age. [Wis. Stat. § 40.02 (25) (a) 4.] These employees are eligible for Basic insurance at no cost at the final reduced amount. (Refer to subchapter 300.)

Employees may also apply for Age 70 and Over Additional coverage if Additional coverage is offered by their employer, but evidence of insurability is required.

4. Wis. Stat. § 40.70 (1) (a) provides that Group Life Insurance coverage may be extended to employees under other retirement systems if the employer adopts a resolution to offer coverage. Employees are eligible for life insurance coverage after being covered under the employer's other pension plan for six months. The participation rules that apply to employees who are covered under the WRS also apply to those employees who are covered under a private pension plan.

401 Determining Initial Insurance Eligibility Date

Employees are eligible for life insurance coverage upon completion of 6 months of participation in the WRS (or other qualified private pension plan, if the employer does not participate in the WRS) excluding the exceptions listed in subchapter 400B. An employee can become insured by filing a *Life Insurance Application* (ET-2304) with their employer within 30 days of the date that they first become eligible for life insurance.

Employees who do not submit the application within 30 days of their initial life insurance eligibility date must provide evidence of insurability to obtain coverage. (Refer to Chapter 7 for more information about evidence of insurability.)

- A. The six-month WRS participation requirement may be fulfilled with previous service under any WRS covered public employer. Also, months of military leave count toward the fulfillment of the six-month WRS participation requirement. The employer must determine upon hire whether the employee has previous WRS service. (Refer to subchapter 402 for assistance.)

Consider the following when determining when six months of WRS participation has been completed:

1. If the employee began on the first day of a month, add six to that month; if the employee began on the second day of a month or later, add seven to that month. Eligibility to enroll for life insurance begins on the first day of the resulting month. Refer to the chart in subchapter 404 for illustration of the life insurance eligibility dates for each hire date in the year.
2. If the employee goes **on layoff or unpaid leave of absence (non-military related) during their initial six months of employment**, do not count full

months during which the employee was on unpaid leave of absence or layoff. The life insurance eligibility date is postponed one month for each full month during which the employee did not work.

3. If the employee goes on **military leave of absence** during their initial six months of employment, the months during which the employee is on military leave **DO** count toward the six-month WRS participation requirement for eligibility for Group Life Insurance coverage. The employee may either:

➤ **Delay Coverage until returning from military leave:**

Employees may delay electing life insurance coverage until their return from military LOA. No life insurance claims are payable in this situation. The employee may enroll by completing a *Life Insurance Application/Cancellation/Refusal* form (ET-2304) within 30 days of their return to work from military leave. Employers must indicate “Return from Military LOA” as the reason for applying on the application. Employees failing to apply within 30 days of the return may only do so by applying through evidence of insurability.

Local government employees may elect any new life coverage offered by the employer while the employee was on military LOA without applying through evidence of insurability.

➤ **Elect Coverage while on military leave:**

Employees who become eligible during their military LOA may obtain coverage during their LOA. Employers should provide the employee with a *Life Insurance Application/Cancellation/Refusal* form prior to the military LOA. Employees must either file an application with the employer prior to the military LOA or the person empowered through a Power of Attorney must sign the application for the employee on military LOA within 30 days of the eligibility date.

Employers need to make arrangements to collect the employee premium during the military LOA if the employee elects to begin coverage, provided the enrollment application is filed with the employer within 30 days of the eligibility date. If the employee is receiving pay from their employer, the employee’s share of premium may be deducted from the paycheck. The employee premium must be collected from the employee in advance if either the military LOA is unpaid or the paycheck is insufficient to cover the premium. The employer must receive each payment at least 31 days prior to the end of the period for which premiums had previously been paid.

The coverage amount is based on estimated earnings and is effective the first of the month following the receipt of the completed application by the employer or the effective date of coverage, whichever is later.

Life insurance claims are paid for any insured on military LOA on or after the coverage effective date, provided premium have been paid. However, accidental death, dismemberment and loss of use benefits are not paid for

claims caused by war or any act of war, declared or undeclared, or for travel in any aircraft except as a commercial passenger.

4. If the employee is a **seasonal** employee, regularly scheduled time off counts toward the six-month WRS participation requirement, even if the employee is off work for a full month or more. If the employee is not working at the time the six months are completed, they are eligible to file an application during the first 30 days following their return to work. (Refer to subchapter 509 for more information about seasonal employees.)
 5. If the employee is hired as a Limited Term Employee (LTE), WRS eligibility may not be expected initially; however, successive consecutive appointments may eventually provide WRS coverage. The LTE must serve six months under WRS, not including periods of leave without pay. Exclude any month in which no hours were worked when counting the six months for life insurance eligibility.
- B. Employees rehired after receiving a separation benefit (withdrawal of all funds from the WRS), are treated as a new employee and must complete a new six-month period of WRS service before becoming eligible for life insurance coverage.

402 WRS Previous Service Check

The employer must complete a previous service check when an employee is applying for life insurance. When you hire a new employee and determine that the employee is eligible to participate in the WRS, the employee is also eligible to participate in the life insurance program. ETF provides several methods to help you determine when an employee becomes eligible and must be offered coverage in the Life Insurance program:

- A. Access to the 'Previous Service Benefit Inquiry' screen on ETF's Online Network for Employers (ONE) site at <http://etfonline.wi.gov/one.html>. To obtain authorization for access to the WRS Previous Service Benefit Inquiry:
 - Complete an *Online Network for Employers Security Agreement* (ET-8928) and submit it to ETF for approval.
 - Receive confirmation of your processed access and the instruction manual entitled *Online Network for Employers User Manual* (ET-1733).
 - Call the Employer Communication Center toll free at (888) 681-3952 or locally at (608) 264-7900 with any questions.
- B. Complete a WRS previous service check by calling the Employer Communication Center toll free at (888) 681-3952 or locally at (608) 264-7900 or completing a *WRS Previous Service Checks* form (ET-1715) and faxing it to ETF at (608) 266-5801. (Refer to subchapter 403 for a copy of the form.)

403 WRS Previous Service Checks Form (ET-1715)

Department of Employee Trust Funds
Division of Trust Finance & Employer Services
PO Box 7931 - Madison WI 53707-7931
Fax: (608) 266-5801

WRS PREVIOUS SERVICE CHECKS

To verify previous Wisconsin Retirement System (WRS) service, complete the following information: your name/agency, phone number, fax, EIN, re: employee's name, Social Security Number, birthdate and date sent. Do not write in the ETF Review area, additional comments or completion date.

From: Name/Agency	Phone Number:	Fax:	EIN: 69-036-
Employee:	SSN:	Birthdate:	Date Sent:

ETF Review

☐ No previous service.

☐ Qualifying state service. ____ months.

☐ Qualifying local service. ____ months.

☐ Took a separation benefit on _____.

☐ Is an annuitant:

☐ WRS Termination date is _____.

☐ Retirement Annuity application received by ETF on _____.

☐ Retirement Annuity effective date is _____.

Additional Comments:	Completion Date:
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Employee:	SSN:	Birthdate:	Date Sent:
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ETF Review

☐ No previous service.

☐ Qualifying state service. ____ months.

☐ Qualifying local service. ____ months.

☐ Took a separation benefit on _____.

☐ Is an annuitant:

☐ WRS Termination date is _____.

☐ Retirement Annuity application received by ETF on _____.

☐ Retirement Annuity effective date is _____.

Additional Comments:	Completion Date:
----------------------	------------------

Employee:	SSN:	Birthdate:	Date Sent:
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ETF Review

☐ No previous service.

☐ Qualifying state service. ____ months.

☐ Qualifying local service. ____ months.

☐ Took a separation benefit on _____.

☐ Is an annuitant:

☐ WRS Termination date is _____.

☐ Retirement Annuity application received by ETF on _____.

☐ Retirement Annuity effective date is _____.

Additional Comments:	Completion Date:
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404 Calendar of Eligibility Dates for New Hires

The following chart summarizes the insurance eligibility date and application due date for new WRS eligible employees who must fulfill six months of service under the WRS or other qualified pension plan. This chart assumes there is no break in service during the first six months.

WRS ELIGIBILITY DATE	LIFE INSURANCE ELIGIBILITY DATE*	LIFE INSURANCE APPLICATION DUE DATE**
01/01	07/01	07/31
01/02 through 02/01	08/01	08/31
02/02 through 03/01	09/01	10/01
03/02 through 04/01	10/01	10/31
04/02 through 05/01	11/01	12/01
05/02 through 06/01	12/01	12/31
06/02 through 07/01	01/01	01/31
07/02 through 08/01	02/01	03/03
08/02 through 09/01	03/01	03/31
09/02 through 10/01	04/01	05/01
10/02 through 11/01	05/01	05/31
11/02 through 12/01	06/01	07/01
12/02 through 12/31	07/01	07/31

*If the employer receives the application on or before the life insurance eligibility date, coverage is effective on the Eligibility Date.

**If the employer receives the application after the life insurance eligibility date, but by the application due date, coverage is effective on the first of the month following the application received date.

405 Spouse & Dependent Coverage Eligibility

A. Persons eligible to be insured under Spouse & Dependent coverage are:

1. The legal husband or wife of an eligible employee. Eligibility ceases on the date of the final divorce decree.
2. The employee's unmarried child(ren) who is dependent on the employee for at least 50% of support and maintenance. Child includes a stepchild, adopted child, child in adoptive placement under Wis. Stat. § 48.837 (1), or legal ward. The child must be more than 14 days of age but under the age of 19; however, full-time students over age 19 are eligible until age 25. A child over

the age of 19 who is incapable of self-support due to a long-term physical or mental disability which has lasted at least one year and who is dependent on the employee for at least 50% of the prior year's support may continue to be covered.

- B. Eligibility for a dependent child ceases at the earliest of one of the following:
1. The end of the calendar month in which the child marries, **or**
 2. The end of the calendar year in which the child turns age 19 (if not a full-time student), **or**
 3. The end of the calendar year in which the child turns age 25 if a full-time student, **or**
 4. The end of the calendar year in which a child over age 19 ceases to be a full-time student.
- C. An employee is eligible to apply for the Spouse & Dependent coverage (if offered by the employer):
1. Within 30 days after becoming initially eligible for life insurance coverage, **or**
 2. Within 30 days after **first** having either a spouse or dependent to insure. While Spouse & Dependent coverage is in effect, the addition of other dependents or a change of spouse does not require another application.
- D. Remarriage does not result in a new eligibility period
- E. An employee may add Spouse & Dependent coverage at any time; however, evidence of insurability must be provided for each person to be covered if coverage was not obtained when the employee was initially eligible. All family members must be approved for coverage before coverage can go into effect. An employee who elected only one unit of Spouse & Dependent coverage when first eligible must provide evidence of insurability to obtain the second unit.
- F. If the employee is on leave at the time they first have a spouse or dependent to insure, the application can be submitted to the employer within 30 days of return to active employment.
- G. A husband and wife can insure each other (if both are eligible), plus the same dependents.
- H. An employee cannot carry Spouse & Dependent coverage through more than one participating employer.
- I. If an employee with two employers terminates employment with the employer with whom they have Spouse & Dependent coverage, the employee can pick up coverage with the remaining participating employer by filing an application within

30 days of termination without evidence. On the application indicate in “other specify” coverage is continued from (employer name).

- J. A previously-qualified child, regardless of age or student status, who is incapable of self-support due to a long-term physical or mental disability which has lasted at least one year, and who was dependent on the employee for at least 50% of the prior year's support may again become covered. The employee must file an *Employee Application and Statement of Dependent-Spouse and Dependent Life Insurance* form (ET-2333) with the Department certifying the dependents' status. Eligibility ceases on the date the disability ceases or the date the child marries, whichever is first.

406 Eligibility for Employees Age 70 and Older

- A. Premiums and coverage for Supplemental, Additional, and Spouse & Dependent insurance cease when an active insured employee reaches age 70. Basic coverage decreases to the final reduced amount and premiums are no longer due. (Refer to subchapter 300 for more information on the basic coverage final reduction amounts.)
- B. Employees who reach age 70 while enrolled in the Additional plan may apply for Age 70 and Over Additional coverage. An eligible employee must return a completed application for Age 70 and Over Additional coverage within the 30 days preceding their 70th birthday. If the employee is on unpaid leave or layoff during this period, Additional coverage lapses on the 70th birthday; however, the employee may apply without evidence of insurability within 30 days of returning to work.
- C. Employees age 70 or older who are not enrolled in Additional coverage may apply for Age 70 and Over Additional coverage through evidence of insurability even if they do not have Basic coverage, provided such coverage is offered by their employer.
- D. Employees who are age 70 or older when hired may only apply for Age 70 and Over Additional coverage by providing evidence of insurability.

407 Eligibility When a New Plan Is Offered

Employees age 70 or older when their employer joins the Group Life Insurance program are eligible for Basic insurance at no cost at the final reduced amount.

An employee under age 70 who has Basic coverage is eligible to apply for any plan (Supplemental, Additional, or Spouse & Dependent) that is newly offered by the local government employer. Employees over age 70 must supply evidence of insurability for the Age 70 and Over Additional plan.

Eligible employees on unpaid leave or layoff at the time new coverage is offered will have their eligibility for coverage suspended until they return to work. An application for added coverage must be filed within 30 days of returning to work from unpaid leave or layoff.

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

**CHAPTER 5 — EXAMPLES OF ELIGIBILITY AND COVERAGE IN VARIOUS
EMPLOYMENT SITUATIONS**

- 500 New Employee and Employee Newly Eligible for WRS Participation**
- 501 Employee Whose Coverage Lapsed Returns to Work After Leave**
- 502 Employee Who Continued Coverage Returns to Work After Leave**
- 503 Employee Terminates Employment, Does Not Take a Separation Benefit and Returns to Work for a Participating Employer**
- 504 Employee Terminates Employment, Takes a Separation Benefit and Returns to Work for a Participating Employer**
- 505 Rehired Annuitant Who Continues Coverage**
- 506 Rehired Lump Sum Retiree Who Continues Coverage**
- 507 Employee Transfers Between State Agencies**
- 508 Concurrent Employment at Two or More State Agencies**
- 509 Seasonal Employee Eligibility**
- 510 Limited Term Employee Eligibility**
- 511 Chart Showing Eligibility Dates in Various Employment Situations**

500 New Employee and Employee Newly Eligible for WRS Participation

- A. Eligibility – An employee new to WRS-covered employment (or a non-WRS employer's qualified private pension plan) with an employer offering group life insurance coverage becomes eligible for insurance coverage after being enrolled in the WRS or qualified private pension plan for six months. (Refer to subchapters 401 and 402 for more information regarding an employee's initial eligibility date.)

Note: Months during which an employee is on military leave count toward fulfillment of the six month WRS participation requirement for group life insurance coverage eligibility. Employees who become eligible for life insurance coverage while on military leave have the option of electing coverage while on leave or delaying their election until they complete their military leave.

Group Life Insurance
Chapter 5 — Examples of Eligibility and Coverage
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- B. Application Due Date – A completed *Life Insurance Application/Cancellation/Refusal* (ET-2304) must be received by the employer within 30 days of the initial insurance eligibility date. Beyond 30 days, the employee must furnish satisfactory evidence of insurability for themselves for the Basic/Supplemental/Additional/Age 70 and Over Additional coverages and/or for their spouse and all dependents for Spouse & Dependent coverage.

Eligible employees who decline coverage must check the appropriate box on the application and return it to their employer.

Note: Employees becoming eligible while on military leave who elect coverage while on leave must complete an application prior to going on leave or have the person empowered as Power of Attorney sign and submit the application within 30 days of the eligibility date.

Employees becoming eligible while on military leave who wish to delay coverage until their return from leave must submit an application within 30 days of their return from leave. No life insurance coverage is in force and no claims are payable during the intervening eligibility date and coverage effective date.

- C. Available Coverage – Employees under age 70 at the time of initial eligibility for insurance coverage may enroll in the Basic Plan and in any other type(s) of life insurance coverage (Supplemental, Additional, Spouse & Dependent) offered by their employer.

Note: Local government employees may elect any new life insurance coverage offered by the employer while the employee was on military leave without applying through evidence of insurability.

- D. Coverage Effective Date – Coverage is effective the first of the calendar month following the date the application is received by the employer for any employee who files an application within 30 days after becoming eligible for life insurance coverage.

If the employer receives the application from the employee on or before the eligibility date, coverage is effective on the eligibility date. Coverage cannot be effective before the employee is eligible nor can it be in effect for part of a month.

EXAMPLE:

December 17, 2007 – You hire a new employee and provide the employee with a *Life Insurance Application/Cancellation/Refusal* (ET-2304) on the employee's first day of employment because the employee is eligible for WRS upon hire. You perform a WRS previous service check and learn that the employee has no previous WRS service.

December 20, 2007 – The employee returns the completed application to you.

July 1, 2008 – The employee completes six months under WRS. Because the application was received before the employee completed six months under WRS and on or before the employee's eligibility date of July 1, 2008, life insurance coverage is effective on July 1, 2008.

Formula – Add 7 (months) to the month of December because the employee started between the 2nd and 31st of a month = 7/1/2008 eligibility date. The employee is eligible to file an application with you from 12/17/2007 through 7/31/2008.

Note: Had the employee filed the application between 7/2/2008 and 7/31/2008, the coverage effective date would be 8/1/2008.

501 Employee Whose Coverage Lapsed Returns to Work After Leave

- A. Eligibility – The previously insured employee is eligible to apply for coverage immediately upon return to work from a leave of absence (including military leave). However, if the employee canceled coverage before or during the leave, satisfactory evidence of insurability must be furnished to obtain coverage again.
- B. Application Due Date – The application must be submitted within 30 days of returning to work.
- C. Available Coverage – The employee may only apply for the same or less coverage they had prior to the layoff or leave, and for any plan first offered by the employer during the employee's leave, or unless the employee first has a spouse or dependent to insure.

The coverage amount when the employee re-enrolls is based on the employee's previous year's earnings, **if** the employee has a previous full year of earnings. However, if the employee does not have a full year with that employer, or was on unpaid leave or layoff for three or more months during the previous year, coverage is based on the employee's estimated earnings for the next 12 months.

- D. Coverage Effective Date – Coverage will be effective on the first of the month beginning on or after the date the employer receives the application.
- E. Coverage Amount at Next Annual Renewal Census – If the employee's current coverage amount is based on actual earnings, the amount of coverage on January 1 will be the higher of:
 - The employee's actual prior year earnings, or
 - The employee's current coverage amount.
 - If the employee's current coverage amount is based on estimated annual earnings, the coverage will remain the same. Coverage will not change until the employee has been employed for a full calendar year.

EXAMPLE 1: Employee with Basic and Supplemental life insurance coverage takes an unpaid leave of absence from April 3, 2008 through October 2, 2008. Coverage was based on actual 2007 earnings of \$30,000. Coverage lapsed during the leave. The employee re-enrolled for Basic and Supplemental coverage upon return to work. The employee was married during leave so application is also made for Spouse & Dependent coverage. Coverage will be based on the prior year (2007) earnings of \$30,000. On January 1, 2009 the employee's actual prior year earnings for 2008 were \$25,000. Because actual prior year earnings are lower than the current coverage amount, coverage will remain at \$30,000.

EXAMPLE 2: Employee with Basic, Supplemental, and Additional coverage went on an unpaid leave of absence on April 3, 2008 and returned to work on October 2, 2008. Coverage prior to the leave was based on estimated earnings. Coverage lapsed during the leave. The employee re-enrolled in Basic, Supplemental and Additional coverage upon return to work. The employee does not have a full year of earnings so coverage will be based on a new estimate of earnings for the next 12 months. On January 1, 2009, the employee's coverage will remain at the estimated amount due to being on leave without pay for over three full months in the prior year of 2008. The estimate will remain until a full year worked.

EXAMPLE 3: Employee with Basic, Supplemental and Additional coverage went on an unpaid leave of absence on September 5, 2007 and returned to work on April 2, 2008. Coverage prior to the leave was based on actual 2006 earnings. Coverage lapsed during the leave. The employee re-enrolled in Basic, Supplemental and Additional coverage upon return to work. Because the employee was on leave of absence for three full months in 2007 (October, November, and December), the amount of coverage upon return to work in 2008 will be based on an estimate of earnings for the next 12 months, not the prior year earnings. On January 1, 2009 coverage will remain at the estimated amount due to the three full months on leave without pay in prior year of 2008 (January, February, and March). The estimate will remain until a full calendar year worked.

502 Employee Who Continued Coverage Returns to Work After Leave

- A. Eligibility – The employee will retain their coverage while on leave or layoff.
- B. Application Due Date – The employee does not need to submit an application upon return to the same employer or the same State agency. (An employee who filed a *Life Insurance Application/Cancellation/Refusal* (ET-2304) to cancel their coverage before or during the leave must apply through evidence of insurability to obtain insurance coverage again.)

State only: A State employee who returns to a different agency must file a *Life Insurance Application/Cancellation/Refusal* (ET-2304) within 30 days of returning from leave to indicate that insurance is now with a different agency.

- C. Available Coverage – The employee will retain the same coverage that was in effect during leave.
- D. Coverage Amount at Next Annual Renewal Census – If the leave or layoff lasted less than three full calendar months in one calendar year, the coverage amount beginning on the next January 1 is based on the prior year's actual earnings with that employer or the current coverage amount, if higher.

If the leave or layoff lasted three full calendar months or more in one calendar year, the coverage amount beginning on the next January 1 is based on the highest of:

- The employee's estimated earnings for the next 12 months, or
- The prior year's actual earnings with that employer, or
- The current coverage amount.

EXAMPLE 1: Employee with Basic and Supplemental life insurance coverage was on unpaid leave of absence from April 3, 2008 through October 2, 2008. The employee's insurance coverage was based on actual earnings in 2007. The insurance coverage was continued during the leave. Upon return to work, the coverage amount remained as it had been during leave. On January 1, 2009 the employee's coverage will be based on 2008 earnings, the current coverage amount, or estimated earnings for the next 12 months, whichever is highest.

EXAMPLE 2: Employee with Basic and Supplemental life insurance coverage was on unpaid leave of absence from April 3, 2008 through October 2, 2008. The employee's insurance coverage was based on estimated earnings due to lack of full employment for the full year in 2007. The insurance coverage was continued during the leave. Upon return to work, the coverage amount remained as it had been during leave. On January 1, 2009 the employee's coverage will be based on 2008 earnings, the current coverage amount, or estimated earnings for the next 12 months, whichever is highest.

EXAMPLE 3: Employee with Basic and Supplemental life insurance coverage was on unpaid leave of absence from September 30, 2007 through October 2, 2008. The employee's insurance coverage amount was based on actual 2006 earnings. The insurance coverage was continued during the leave. Upon return to work, the coverage amount remained as it had been during leave. On January 1, 2009 the employee's coverage will be based on 2008

earnings, the current coverage amount, or estimated earnings for the next 12 months, whichever is highest.

E. Coverage Effective Date – No break in coverage occurred.

503 Employee Terminates Employment, Does Not Take a Separation Benefit and Returns to Work for a Participating Employer

Identifying the level of coverage available to an employee returning to work requires that the employer first determine whether a valid termination took place. A “valid” termination requires that the employee/employer relationship be completely severed for 30 or more days. This means that the employee and employer may not have a written or verbal return-to-work agreement in place on or before the designated termination date. Written or verbal return-to-work agreements entered into on or before the termination date void the termination for WRS purposes and the employee is treated as though a termination never occurred.

Once it has been determined that a valid termination occurred, the employer must determine if the employee is returning to work at the same or a different WRS employer and, if returning to the same employer, whether the employee has had a 30 day break-in-service from the termination date.

Note: For purposes of this section, the State of Wisconsin (including the University of Wisconsin and any other State entity which is defined in Wis. Stat. § 40.02 (54)) is one employer; each local government entity is a separate employer. Therefore, if an employee terminates employment with the University and begins working at a State agency, the employee continues to work for the **same** employer (i.e., the State of Wisconsin). On the other hand, if an employee terminates employment with the University and begins employment with a local government employer participating in the WRS (i.e., a city, town, village, school district, county, etc.), the employee is then working for a **different** WRS employer.

The following describes coverage levels available upon return to work when a separation benefit has not been taken.

A. Employee Returns to Work with a Different WRS Participating Employer

1. Eligibility – The employee is eligible to apply for insurance coverage immediately upon return to work (assumes the position is WRS eligible and the employee has at least 6 months of prior WRS service).
2. Available Coverage – The employee may elect any coverage offered by the new employer, regardless of the coverage level with their former employer.
3. Application Due Date – The application must be submitted within 30 days of returning to work.

EXAMPLE 1: A State employee with Basic and Supplemental coverage terminates employment June 1, 2008. On June 2, 2008 the employee begins working for the County. The County offers Basic, Supplemental, and 3 levels of Additional coverage. The employee is eligible to elect all coverage offered. Coverage is not limited to the pre-termination coverage due to being employed by a different employer. The employee must submit a *Life Insurance Application/Cancellation/Refusal* (ET-2304) within 30 days of hire by the County.

EXAMPLE 2: A County employee with Basic coverage terminates employment and begins working for a City. The City participates in Basic, Additional, Supplemental, and Spouse & Dependent coverage. The employee is eligible to choose all coverage offered due to now being employed by a different employer. The employee must submit a *Life Insurance Application/Cancellation/Refusal* (ET-2304) within 30 days of hire by the City.

4. Coverage Effective Date – Coverage becomes effective the first of the calendar month on or after the date the application is received by the employer.

B. Employee Returns to Work with the Same Employer Within 30 Days of Valid Termination

1. Eligibility – The employee is eligible to apply for insurance coverage immediately upon return to work (assumes the position is WRS eligible and the employee has at least 6 months of prior WRS service).
2. Available Coverage – The employee may elect only the coverage previously in effect; more coverage may be obtained only by furnishing satisfactory evidence of insurability. New coverage may be added without evidence if the employer first offered such coverage after the employee's termination.
3. Application Due Date – The application must be submitted within 30 days of returning to work.
4. Coverage Effective Date – Coverage becomes effective on the first of the calendar month beginning on or after the date the application is received by the employer.

EXAMPLE: A State employee with Basic and Supplemental life insurance coverage terminates employment with UW-Madison on May 19, 2008 and begins working at the Department of Corrections (DOC) on June 5, 2008. Because the State agency and UW are considered one employer under the State of Wisconsin for insurance purposes, and because the employee terminated employment for less than 30 days, the employee can only elect the same or less coverage than they had while employed at UW-

Madison (i. e., Basic and Supplemental coverage). The employee must submit a *Life Insurance Application/Cancellation/Refusal* (ET-2304) within 30 days of the June 5, 2008, DOC hire date.

C. Employee Returns to Work with the Same Employer 31 or More Days After a Valid Termination.

1. Eligibility – The employee is eligible to apply for insurance coverage immediately upon return to work (assumes the position is WRS eligible and the employee has at least 6 months of prior WRS service).
2. Available Coverage – The employee may elect any coverage offered by the employer, regardless of the coverage previously elected. The amount of coverage will be based on estimated earnings, the same as for a new employee.
3. Application Due Date – The application must be submitted within 30 days of returning to work.
4. Coverage Effective Date – Coverage becomes effective the first of the calendar month on or after the date the application is received by the employer.

EXAMPLE: An employee with Basic, and Spouse & Dependent coverage terminates from a City on May 19, 2008. On September 5, 2008 the employee returns to work for the same City. The City offers Basic, Supplemental, Additional, and Spouse & Dependent coverage. The employee is eligible to elect all coverage offered and is not limited to the coverage they had (Basic, and Spouse & Dependent) before they terminated because they returned to work after 30 days from their termination date. The employee must submit a *Life Insurance Application/Cancellation/Refusal* (ET-2304) within 30 days of rehire by the City.

504 Employee Terminates Employment, Takes a Separation Benefit and Returns to Work for a Participating Employer

- A. Eligibility – The employee is required to complete a new six-month period of WRS service before becoming eligible for coverage.
- B. Application Due Date – A completed *Life Insurance Application/Cancellation/Refusal* (ET-2304) must be received by the employer within 30 days of the initial insurance eligibility date. Beyond 30 days the employee must provide evidence of insurability for Basic/Supplemental/Additional/Age 70 and Over Additional coverage; the spouse and all dependents also must provide evidence if Spouse & Dependent coverage is desired.
- C. Available Coverage – Any eligible employee under age 70 at the time of initial eligibility for insurance coverage may enroll in the Basic Plan and any other type(s) of life insurance (e.g., Supplemental, Additional and Spouse &

Dependent) offered by their employer. The amount of coverage is based on estimated earnings, the same as with a new employee.

- D. Coverage Effective Date – Coverage becomes effective the first of the calendar month on or after the date the application is received by the employer for any employee who files an application within 30 days after becoming eligible for life insurance coverage. Coverage cannot become effective before the employee is eligible nor can it be in effect for part of a month.

EXAMPLE: Employee with Basic, Supplemental, Additional and Spouse & Dependent coverage terminates employment with a school district and takes a WRS separation benefit. Three years later the employee returns to work for the same school district in a WRS eligible position. A previous service check indicates the employee took a separation benefit. As a result, the employee must complete six months under WRS before becoming eligible for life insurance coverage.

505 Rehired Annuitant Who Continues Coverage

When a WRS annuitant who continued life insurance coverage upon retiring returns to WRS participating employment, they may choose between re-enrolling for active life insurance coverage (if offered) or retaining continued coverage. The annuitant may not have both active and continued coverage. When the active coverage becomes effective, all continued coverage is automatically canceled.

The employee should carefully consider whether it is advantageous to continue previous coverage or elect active coverage. The new coverage levels will be based on estimated earnings at the time the employee is re-enrolled in the WRS. When the participant subsequently terminates, annuitant coverage levels will be based on the new employment only.

- A. Eligibility – A WRS annuitant with group life insurance as an annuitant returns to work they are eligible for life insurance coverage as an active employee only after the annuitant:

➤ returns to work in a WRS eligible position;

And

➤ elects to participate in the WRS by submitting a completed *Rehired Annuitant Election* (ET-2319) to the Department of Employee Trust Funds (ETF). WRS coverage is then effective on the first of the month following ETF's receipt of the election form.

- B. Application Due Date – Applications must be submitted within 30 days of beginning active WRS participation.

- C. Available Coverage – Employees under age 70 are eligible for any coverage offered by the employer, on the same basis as any other new employee. If age

70 and over, the employee is eligible only for the Age 70 and Over Additional, and must furnish satisfactory evidence of insurability.

- D. Coverage Effective Date – If premiums were being deducted from the annuity for retirees under age 65, the active coverage is effective on the first day of the month following the date through which coverage was paid from the annuity (i.e., two months after the WRS enrollment date). Retirees age 65 and over do not pay any premiums; therefore active coverage is effective the first of the month on or after the receipt of the application by the employer.

Caution: If the employee prefers to keep the annuitant coverage, they must notify Minnesota Life Insurance Company (MLIC) to arrange for direct billing of premiums. Otherwise, the annuitant coverage will lapse if premiums are not collected.

EXAMPLE: An employee with Basic coverage terminates and takes a WRS retirement annuity. The annuitant later returns to work at the same employer in a WRS covered position. The payroll representative gives the annuitant a *Rehired Annuitant Election* (ET-2319) to complete and the employee elects to not participate in WRS and remain an annuitant with continued Basic coverage through the annuity. Six months later, the annuitant decides to participate in WRS and completes another ET-2319 electing WRS participation. The employer immediately gives the employee a *Life Insurance Application/Cancellation/Refusal* (ET-2304) to complete. The WRS covered employee is now eligible to enroll in all insurance plans available through that employer within 30 days of beginning active WRS participation. The employer submits both the ET-2319 and the ET-2304 (if the employee chooses to re-enroll for active coverage) to ETF at the same time.

506 Rehired Lump Sum Retiree Who Continues Coverage

When a retired employee receives a WRS lump sum benefit, they are eligible to continue life insurance coverage by paying premiums directly to MLIC. When the retired employee returns to WRS participating employment, they may choose between re-enrolling for active coverage through the new employer or retaining continued coverage. The employee may not have both active and continued coverage. When the active coverage becomes effective, all continued coverage is automatically canceled.

The employee should carefully consider whether it is more advantageous to continue previous coverage or to elect active coverage. The new coverage levels will be based on estimated earnings at the time the annuitant/employee is re-enrolled in the WRS. When the employee subsequently terminates, coverage levels will be based on the new employment earnings only.

- A. Eligibility – When an employee retires, receives a WRS lump sum benefit and returns to work in WRS-covered employment, the employee must be enrolled in WRS; there is no option as with WRS annuitants receiving a monthly benefit. If

the employer offers life insurance coverage, the employee becomes eligible for coverage after being enrolled in the WRS for six months.

- B. Application Due Date – Applications for insurance must be filed with the employer within 30 days of completing six months under WRS. Beyond 30 days, the employee must provide satisfactory evidence of insurability for Basic/Supplemental/Additional/Age 70 and Over Additional; the spouse and all dependents must also provide evidence if Spouse & Dependent coverage is desired.
- C. Available Coverage – Eligible employees under age 70 at the time of initial eligibility for insurance coverage may enroll in Basic and any other type(s) of insurance (e.g., Supplemental, Additional, Spouse & Dependent) offered by their employer.
- D. Coverage Effective Date – Coverage becomes effective the first of the calendar month on or after the date the application is received by the employer. If the employer receives the application on or before the eligibility date, coverage is effective on the eligibility date. Coverage cannot become effective before the employee is eligible nor can it be in effect for part of a month.

EXAMPLE: An employee with Basic coverage retires and receives a WRS benefit in the form of a lump sum. The employee continues to pay premiums directly to MLIC to keep Basic coverage in force. The employee then returns to work for a WRS participating employer and is immediately WRS eligible. The employee can continue with their previous Basic coverage amount by paying premiums directly to MLIC or can elect coverage offered by the new employer after serving six months under WRS.

507 Employee Transfers Between State Agencies

- A. Eligibility – A State employee covered under the Group Life Insurance program who transfers from one State agency to another without a break in service is eligible to continue the life insurance coverage level from the preceding agency. State employees include eligible employees of all the University of Wisconsin campuses and all State agencies as defined in Wis. Stat. § 40.02 (54).
- B. Application Due Date – The employer must receive a completed application from the employee within 30 days of hire at the new agency for the employee to continue coverage.
- C. Available Coverage – The employee may continue only the types of life insurance coverage they had at the preceding agency. The amount of coverage is still based on the WRS-covered earnings reported by the former agency in the previous calendar year (or a prior year if higher). Beginning on the January 1 following the transfer, the coverage amount may increase based on the total earnings reported by all State agencies in the previous year.

EXAMPLE: A State employee with Basic and Supplemental coverage leaves 'Agency A' on May 19, 2008 and begins working for 'Agency B' on May 22, 2008. The employee must complete and submit a *Life Insurance Application/Cancellation/Refusal* (ET-2304) to the personnel/payroll representative at 'Agency B' by June 21, 2008 (within 30 days of hire at the new agency). Eligibility is limited to Basic and Supplemental coverage at 'Agency B' because the direct transfer limits the employee to the same (or less) coverage than they had at 'Agency A'.

Note: In addition to the Group Life Insurance administered by ETF, the University of Wisconsin offers life insurance programs available only to University employees.

When an employee transfers to the University from another State agency, the employee is eligible to continue the State Group Life Insurance they had at the former State agency as well as enroll in the University's other plan. However, a decision to choose the University's plan over continuing the State plan will adversely affect the employee should they later transfer from the University to another State agency. A University employee electing the University life insurance coverage while declining to continue the State Group Life Insurance program will not be eligible to enroll in the State Group Life Insurance program during future transfers without providing evidence of insurability.

508 Concurrent Employment at Two or More State Agencies

Employees of a State agency or University campus who add employment at another State agency do not have another immediate enrollment opportunity with the second employer. State employees include eligible employees of all University of Wisconsin campuses and all State agencies as defined in Wis. Stat. § 40.02 (54).

When you become aware of concurrent State employment, check the employee's life insurance status with the other State agency. A previous service check will identify the employing State agency if the WRS enrollment has been reported. Employers must coordinate coverage and premium levels.

Depending on the employee's insurance status, the following action should be taken:

- a. Life insurance coverage was **declined** when first eligible:

No action is required because the concurrent employment does not create a new enrollment opportunity. The employee may only apply for coverage by filing an *Evidence of Insurability Application* (ET-2305).

- b. Life insurance coverage is **in effect** through the initial State agency:

Submit a *Life Insurance Application/Cancellation/Refusal* (ET-2304) for tracking purposes and to alert MLIC to the fact the employee has concurrent State

employment. The application should contain the employee's name and Social Security number. No other employee or coverage information is required. In the 'Employer' section, indicate "concurrent employment" in the 'Other qualifying event' section and provide the date the concurrent employment began. No employee signature is required, but provide the employee with a copy for their records. The employee's coverage amount will remain at their current level until the annual renewal census update (in January for March coverage). On the next annual renewal census, the coverage amount may increase, based on the total earnings reported by all employing agencies for the previous year.

- c. In order to switch premium deduction from the initial State agency to the subsequent agency, submit a fully completed and signed *Life Insurance Application/Cancellation/Refusal*, just as you would for a transferring employee. Check the appropriate boxes for the plans the employee currently has and indicate the employee's current coverage amount in the 'Calendar year earnings' section. No cancellation is required from the initial employer.
- d. For employees with concurrent State employment who have **less than six months** of WRS participation, coverage should be offered through the employer with which the employee first becomes eligible. If the employee is employed by two State agencies at the time they are first eligible for coverage, coverage will be based on the combined estimated earnings from both employing agencies. If the employee becomes employed at another agency after their coverage is in effect, the amount of coverage will remain the same until they have been employed for a full calendar year. After being employed for a full calendar year, coverage will be based on the combined prior year earnings from all employing agencies.

EXAMPLE: An employee is hired by the UW in October 2007, and elects ETF administered life insurance coverage effective May 1, 2008. The coverage amount is based on estimated earnings of \$45,000. In July 2008, the employee begins concurrent employment with the Department of Corrections (DOC). The employee is not eligible for more coverage at this time; however, DOC must submit a *Life Insurance Application/Cancellation/Refusal* indicating the employee has concurrent employment with the UW. The employee will have one full year of State employment as of January 2009. The coverage and premium amount will then be updated based on the actual 2008 earnings as reported by both State agencies during the annual census.

509 Seasonal Employee Eligibility

A seasonal employee is hired for a job that is only available during certain months of the year. The employee returns to the same job year after year. The employer keeps the person on payroll, does not terminate the individual or put the employee on layoff status. The employee is enrolled in WRS upon hire if expected to work 600 hours (or 440 for teachers) for one year.

If the employee's WRS eligibility date is the first day of the month, the employee is eligible for life insurance the first day of the month that is six months after the date of WRS enrollment, including regularly scheduled time off.

If the employee's WRS eligibility date is the 2nd through the 31st of the month, the employee is eligible for life insurance the first day of the month that is seven months after the first month of WRS enrollment, including regularly scheduled time off. (Refer to Chapter 4 for more information on eligibility.)

The new employee has 30 days from the eligibility date to apply for life insurance coverage. If the employee is not scheduled to work at the time eligibility occurs, the employee is eligible to enroll within 30 days from the day the employee returns to work.

Once covered under the Life Insurance program the employee can continue to pay premiums through the employer during off-season months (while not working) or discontinue paying premiums and let the coverage lapse. An employee who lets coverage lapse can reapply only for the same coverage in effect before it lapsed. The application must be received within 30 days of return to work.

Note: The employee is also eligible to apply for any coverage newly offered while the employee was not scheduled to work, or for coverage which the employee is newly eligible, such as Spouse & Dependent if offered by the employer.

Some examples of seasonal employees include:

- State Department Seasonal Park Ranger hired to work from April through November each year.
- City Seasonal Library Assistant hired to work on the City's Mobile Library from May through September each year.
- City Seasonal Lifeguard hired to work at the City's pool from May through September each year.
- School District Seasonal Custodian hired to work at the school from September through May each year.

510 Limited Term Employee Eligibility

A limited term employee (LTE) appointment is generally expected to be less than one year in duration and as such does not initially meet the eligibility requirements for participation in WRS. An LTE with successive consecutive appointments becomes eligible under the WRS after one year of employment if they have worked more than 600 hours (440 for a teacher) in the previous 12 months and are still employed on the one-year anniversary date of hire. (Refer to the *WRS Administration Manual*, ET-1127, Chapter 3 for further information on WRS eligibility criteria.)

The following situation illustrates WRS and Life Insurance eligibility determinations for an LTE with successive consecutive appointments:

April 1, 2007.....	State agency hires an employee for a six-month LTE appointment.
September 30, 2007.....	Position ends.
October 1, 2007.....	Employee immediately begins working at a different State agency for another six-month LTE appointment.
March 31, 2008.....	Second LTE appointment ends.
April 1, 2008.....	The first State agency rehires the employee.
April 2, 2008.....	Employee enrolled in the WRS.
August 13, 2008.....	Employee applies for life insurance coverage.
November 1, 2008.....	Life insurance coverage becomes effective.
January 6, 2009.....	Employee terminates employment.
April 3, 2009.....	Again returns to work as an LTE.

1. Employee is not eligible to participate in WRS when initially hired on April 1 because there is no expectation of working 600 hours for one year upon hire. There is no eligibility when work begins at the second State agency on October 1 because the one-year expectation is not met.
2. Eligibility for WRS begins on April 2, the day following the one-year anniversary date of hire.
3. Eligibility for life insurance begins on November 1 following completion of six months participation in WRS. Application must be made within 30 days of the eligibility date.
4. Application for life insurance coverage is made on August 13 and coverage begins on November 1, the first of the month following completion of six months WRS participation.
5. When employment terminates in January 2009, coverage will terminate March 1, 2009. Eligibility to convert life insurance does not exist because coverage was not in effect for at least six months. Refer to subchapter 1611 for more information on converting group coverage to an individual policy.
6. Upon return to work as a participating employee in April 2009, there is an open enrollment opportunity within 30 days of rehire.

511 Chart Showing Eligibility Dates in Various Employment Situations

EMPLOYMENT SITUATION	DATE WRS PARTICIPATION BEGINS	LIFE INSURANCE ELIGIBILITY DATE	EXAMPLE
1. New employee with no previous WRS service has WRS reported hours worked in each of 6 consecutive months. OR Employee who had previous WRS service but took a separation benefit subsequently works WRS reported hours in each of six consecutive months	1 st of the month	1 st of the month that is 6 months after date of WRS participation	<ul style="list-style-type: none"> Hired 2/1; Eligible 8/1; Application due by 8/31.
	2 nd - 31 st of the month	1 st day of month that is 7 months after the first month of WRS participation	<ul style="list-style-type: none"> Hired 2/5; Eligible 9/1; Application due by 10/1.
2. Employee takes unscheduled leave or layoff within the first 6 months of employment and had no previous WRS service	1 st of the month	1 st of month that is 6 months after date of WRS participation, excluding any whole month in which zero hours were worked	<ul style="list-style-type: none"> Hired 2/1; On LOA 3/5 through 4/30; Eligible 9/1; Application due by 10/1.
	2 nd - 31 st of the month	1 st day of the month that is 7 months after the first month of WRS participation, excluding any whole month in which zero hours were worked	<ul style="list-style-type: none"> Hired 2/5; On LOA 3/5 through 4/30; Eligible 10/1; Application due by 10/31
3. Seasonal employee	1 st of the month	1 st day of the month that is 6 months after date of WRS enrollment, including regularly scheduled time off	<ul style="list-style-type: none"> Hired 3/1; Not scheduled to work 5/15 through 8/15; Eligible 9/1; Application due by 10/1.
	2 nd - 31 st of the month	1 st day of the month that is 7 months after the first month of WRS participation, including regularly scheduled time off	<ul style="list-style-type: none"> Hired 3/10; Not scheduled to work 5/15 through 8/15; Eligible 10/1; Application due by 10/31.

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EMPLOYMENT SITUATION	DATE WRS PARTICIPATION BEGINS	LIFE INSURANCE ELIGIBILITY DATE	EXAMPLE
<p>4. New employee who previously completed 6 months under WRS and did not take separation benefit</p> <p>OR</p> <p>State court system employees in employment category 05, 07, or 08; Legislators; employees of the State Legislature; Assembly – Chief Clerk, Assembly – Sargent at Arms, Senate, Employees of the Legislative Audit Bureau, Employees of the Legislative Fiscal Bureau, Legislative Reference Bureau, Revisor of Statutes Bureau, Joint Survey Commission, Legislative Technology Services Bureau and Legislative Council; State constitutional officers; district attorneys</p>	Anytime during the month	Immediately upon hire	<ul style="list-style-type: none"> • Hired 5/15; • Eligible 6/1; • Application due 6/14.
5. Visually impaired employee of WISCRAFT	Anytime during the month	<p>Earlier of:</p> <p>a. 1st of the month after 6 months under WRS (must work at least 600 hours per year),</p> <p>OR</p> <p>b. 1st day of the month following completion of 1,000 hours of service, regardless of eligibility for WRS coverage</p>	<ul style="list-style-type: none"> • Hired 10/11; • Eligible 5/1; • Application due 5/31. <p>OR</p> <ul style="list-style-type: none"> • 1,000 hours completed 4/10; • Eligible 5/1; • Application due 5/31.

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EMPLOYMENT SITUATION	DATE WRS PARTICIPATION BEGINS	LIFE INSURANCE ELIGIBILITY DATE	EXAMPLE
6. Rehired annuitant who has continued coverage from previous WRS employment	1 st of the month after ETF receives the <i>Rehired Annuitant Election</i> (ET-2319)	Immediately upon active WRS participation	<ul style="list-style-type: none"> • Annuitant elects WRS coverage; • The <i>Rehired Annuitant Election</i> (ET-2319) is received by ETF on 4/25; • WRS coverage begins 5/1; • Annuity terminates 4/30; • Annuitant life coverage is paid through 6/30; • Application due 5/31.
7. Employee returning from unpaid leave or layoff during which coverage lapsed	Prior to leave or layoff	Immediately upon return to work	<ul style="list-style-type: none"> • Insured employee went on unpaid leave on 5/15; • Did not prepay premiums; • Coverage lapsed 8/1; • Returned to work 8/15; • Application due 9/15.
8. Limited Term Employee	1 st of the month	1 st day of the month that is 6 months after the date of WRS enrollment, excluding any whole month in which zero hours were worked	<ul style="list-style-type: none"> • Hired for first appointment on 3/30 and works for 6 months; • Rehired for second appointment on 9/30 and works for 6 months; • WRS eligibility begins the day following the employee's one-year anniversary from the employee's date of hire which is 4/1; • Eligible to apply for life insurance on 10/1 following completion of 6 months.

Group Life Insurance
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EMPLOYMENT SITUATION	DATE WRS PARTICIPATION BEGINS	LIFE INSURANCE ELIGIBILITY DATE	EXAMPLE
	2 nd – 31 st of the month	1 st day of the month that is 7 months after first month of WRS participation, excluding any whole month in which zero hours were worked	<ul style="list-style-type: none"> Hired for first appointment on 4/1 and works for 6 months; Rehired for second appointment on 10/1 and works for 6 months. WRS eligibility begins the day following employee's one-year anniversary from the employee's date of hire which is 4/2; Eligible to apply for life insurance on 11/1 following completion of 6 months.

Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL

CHAPTER 6 — APPLICATION/CANCELLATION/REFUSAL

- 600 Applying for Life Insurance Coverage – New Employee**
- 601 Applying for Spouse & Dependent Coverage**
- 602 Canceling Life Insurance Coverage**
- 603 *Life Insurance Application/Cancellation/Refusal* (ET-2304)**
- 604 Employee Completion – Sections 1, 2 and 3**
- 605 Employer Completion – Section 4**
- 606 Distribution of Copies**

600 Applying for Life Insurance Coverage – New Employee

The employer is responsible for providing each eligible employee, on their first day of WRS-covered employment, with a *Life Insurance Brochure* (ET-2101) which explains the plans and a *Life Insurance Application/Cancellation/Refusal* (ET-2304). The employee must complete Sections 1, 2 and 3 of the application and return it to their employer for completion of Section 4.

The employer is also responsible for offering the employee the opportunity to enroll in any plan implemented while the employee was out on leave and to enroll in Spouse & Dependent coverage if the employee met eligibility requirements while on leave.

Employees who do not wish to apply for life insurance coverage should complete Sections 1 and 3 of the form, indicating they are declining coverage. The application must be signed and dated.

601 Applying for Spouse & Dependent Coverage

The employer should provide a *Life Insurance Application/Cancellation/Refusal* (ET-2304) to employees when they are aware that the employee first has a spouse or dependent to insure. (Refer to subchapter 405 for more information on eligibility for Spouse & Dependent coverage.)

602 Canceling Life Insurance Coverage

Employees who wish to cancel any or all life insurance coverage must complete the *Life Insurance Application/Cancellation/Refusal* (ET-2304). The employee should check the Cancellation box in Section 2 and check only the type(s) of coverage that are no longer wanted. If Basic coverage is canceled, all coverage will be canceled.

An employee may cancel all or a part of the life insurance coverages (i.e., Supplemental, Additional, or Spouse & Dependent).

EXAMPLE 1: An employee with three levels of Additional would check the box for 1 Unit to cancel one level of Additional and keep two levels of Additional coverage.

EXAMPLE 2: An employee with two levels of Additional would check the box for 2 Units to cancel Additional coverage entirely.

Employees should cancel Spouse & Dependent coverage as soon as they no longer have a spouse or dependent to insure. If coverage is not canceled when appropriate, premiums can be refunded only for the current year and the immediately preceding calendar year.

A cancellation is effective at the end of the month following the month in which the employer receives notice of the cancellation on the *Life Insurance Application/Cancellation/Refusal*. The employer should refund any premium deduction taken for a coverage month after the date coverage ceases.

EXAMPLE: An employee submits a notice of cancellation on June 30, and coverage ends on July 31. If a deduction has already been taken for August coverage, that premium should be refunded.

603 Life Insurance Application/Cancellation/Refusal (ET-2304)

Department of Employee Trust Funds
P.O. Box 7931, Madison, WI 53707-7931

Life Insurance Application /Cancellation/Refusal

Wis. Stat. § 40.70

EMPLOYEE : You have an open enrollment opportunity for life insurance coverage through the Wisconsin Public Employers Group Life Insurance Program if you meet the qualifications on the reverse side of this page. Please review the reverse side and the brochure *The Wisconsin Public Employers Group Life Insurance Program* (ET-2101) very carefully for more program information.

INSTRUCTIONS FOR COMPLETING LIFE INSURANCE APPLICATION/CANCELLATION/REFUSAL FORM

NOTE : If you choose not to enroll, complete Sections 1 and 3, then return this form to your employer.

Section 1 - Applicant Information

Print all requested information legibly in the space provided. Missing information may delay enrollment processing.

Section 2 - Reason for Application

Indicate the reason for completing the form:

Initial Enrollment: Use this area to enroll if you are newly hired or newly eligible for life insurance. Check the box(es) next to all coverage for which you wish to enroll.

Cancellation: Check the box(es) next to all coverage you wish to cancel. You may cancel all or part of your life insurance coverage. If Basic coverage is canceled, all other life insurance coverage is automatically canceled. Coverage will end at the end of the month following the month in which your employer receives the cancellation application. If you wish to re-enroll at a later date, you must apply through evidence of insurability.

Over Age 70 Additional Coverage: Check one box indicating the number of units of coverage you want. To be eligible for Age 70 and Over Additional coverage without providing evidence of insurability, you must be an active employee, have Additional insurance and apply for Age 70 and Over Additional coverage within 30 days prior to your 70th birthday. You may apply only for the number of units of Additional coverage that you currently have.

Reinstate coverage: Use this option to reinstate coverage that lapsed while on an unpaid leave of absence (LOA). Be sure to provide your LOA start and end dates. Only coverage that was in force at the time you began your unpaid leave will be reinstated.

Transfer: (State* and University Employees Only) Indicate the agency you are transferring from and the agency you are transferring to, as well as the effective date of transfer. Only coverage that is in force at the time of your transfer will be maintained: *Includes all state agencies, UW campuses, and agencies designated in Wis. Stat. §40.02(50).

Spouse & Dependent Coverage Enrollment Due to Qualifying Event: Use this option only if you are currently insured and wish to add Spouse & Dependent Coverage. Enrollment must be within 30 days of the date that you first have a spouse or dependent child to insure. The addition of a spouse or dependent is not a qualifying event if you previously had a spouse or dependent(s) who were eligible for coverage.

Section 3 - Signature

Indicate whether you are applying for or declining life insurance by checking the appropriate box directly above the signature block. Sign and date the application.

Submit this form to your employer. If enrolling, your employer will complete Section 4 and provide you with a copy.

EMPLOYER : Please complete the processing of this form by doing the following:

Section 4 - Employer Completes

Please collect this form from all employees when they become eligible for open enrollment, even if they choose not to enroll.

It is important to provide all the information requested in Section 4. Omissions may delay enrollment processing.

Please provide details in the **Other Qualifying Event** box if there are extenuating circumstances regarding the application being submitted (e.g., visually impaired completed 1,000 hours of WRS, employer error, reinstatement after appealing an involuntary discharge, etc.). NOTE: If the form is late due to employer error, a letter of explanation must be attached to the application or the application will be returned to you.

Employer must forward a copy of the completed form to ETF at the address listed at the top of this form. Keep a copy for yourself; give the employee a copy. Review your Group Life Insurance Employer Administration Manual (ET-1117) for further program information and instructions.

Wisconsin Public Employers Group Life Insurance Program

You have an open enrollment opportunity for life insurance coverage through the Wisconsin Public Employers Group Life Insurance Program if you:

- Are under age 70;
- Have worked six or more months in service covered by the WRS;
- Have not withdrawn WRS contributions following your most recent six months of employment; and
- Apply within 30 days of your first eligibility, (or for Spouse & Dependent coverage only, when you have either a spouse or dependent to insure for the first time.)

If you do not enroll for all available coverage when you are first eligible, you may apply for future coverage only through *Evidence of Insurability* (ET -2305).

Plan Summary

The Wisconsin Public Employers (WPE) Group Life Insurance program offers employee coverage of up to five times your annual earnings. All five levels of insurance are available to state employees. The amount of coverage available to local government employees depends on which plans are offered by your employer. The following is a summary of the life insurance coverage that is available.

Coverage Options

The **Basic Plan** provides coverage equal to your earnings for the previous year, rounded up to the next thousand. Your employer is required to contribute to the cost of this insurance.

The **Supplemental Plan** provides coverage equal to your earnings for the previous year, rounded up to the next thousand. The state contributes to the cost of this coverage for state employees. Local government employers are not required to contribute.

The **Additional Plan** provides up to three units of coverage. Each unit of coverage equals your earnings for the previous year, rounded up to the next thousand. Depending on how many levels of coverage are offered by your employer, you may choose 1, 2, or 3 units of Additional coverage. Employer contributions are not required.

The **Age 70 and Over Additional Plan** provides up to three units of coverage for active employees over the age of 70. Each unit provides coverage equal to your earnings for the previous year, rounded to the next thousand. Depending on how many levels of coverage are offered by your employer, you may choose 1, 2, or 3 units of coverage. "See Coverage for Active Employees Age 70 and Over" below for more details.

The **Spouse & Dependent Plan** provides coverage for your spouse and all dependent(s). If you elect one unit of coverage, your spouse will have \$10,000 in coverage and each dependent (regardless of the number) will have \$5,000 in coverage. If you elect two units, your spouse will have \$20,000 in coverage and each dependent will have \$10,000 in coverage.

Amount of Coverage

The following is an example of how the amount of employee coverage is determined for an employee who chooses Basic, Supplemental and 3 Units of Additional coverage. The employee's previous year earnings are \$33,200. The earnings rounded up to the next thousand equals \$34,000 of coverage. The employee has coverage as follows:

Basic: (1x earnings) = \$ 34,000
Supplemental: (1x earnings) = 34,000
Additional (3 units): (3x earnings) = 102,000
Total Amount of Insurance Coverage: (5x earnings) = \$170,000

NOTE: Until you have been employed by your current employer for one full calendar year, your coverage will be based on an estimate of your annual earnings.

Coverage for Active Employees Age 70 and Over

If you are actively employed when you turn age 70, your Basic coverage will reduce to the final post-retirement coverage amount and continue for life with no premiums due. Your Supplemental, Additional, and Spouse & Dependent coverage will cease on your 70th birthday. You may apply for Age 70 and Over Additional Coverage without evidence of insurability if you have Additional coverage as an active employee and file an application within 30 days before your 70th birthday. You may enroll for the same number of units of Additional coverage that you currently have.

Effective Date of Coverage

If you file an application within 30 days after becoming eligible, coverage becomes effective on the first of the calendar month which begins on or after the date the application is received by your employer. Coverage cannot become effective before you are eligible and cannot be in effect for part of a month.

Department of Employee Trust Funds
P.O. Box 7931, Madison, WI 53707-7931
Life Insurance Application / Cancellation / Refusal
Wis. Stat. § 40.70

1. APPLICANT INFORMATION

Applicant name (last, first, middle) (A)		Previous name		Social Security number (B)
Street address and number (C)		City	State	Zip code
Country (if not USA)	Daytime telephone number ()	Date of birth (D)	Gender (E) <input type="checkbox"/> Male <input type="checkbox"/> Female	

2. REASON FOR APPLICATION (check appropriate box(es)):

<input type="checkbox"/> INITIAL ENROLLMENT: <input type="checkbox"/> Basic Coverage (1x earnings) (F) <input type="checkbox"/> Supplemental Coverage (1x earnings) Additional Coverage (check one) <input type="checkbox"/> 1 Unit (1x earnings) <input type="checkbox"/> 2 Units (2x earnings) <input type="checkbox"/> 3 Units (3x earnings) Spouse & Dependent Coverage (check one) <input type="checkbox"/> 1 Unit (Spouse=\$10,000; Dependent=\$5,000) <input type="checkbox"/> 2 Units (Spouse=\$20,000; Dependent=\$10,000)	<input type="checkbox"/> CANCELLATION: I wish to voluntarily cancel the following coverage: <input type="checkbox"/> Basic Coverage (1x earnings) (G) <input type="checkbox"/> Supplemental Coverage (1x earnings) Additional Coverage (check one) <input type="checkbox"/> 1 Unit (1x earnings) <input type="checkbox"/> 2 Units (2x earnings) <input type="checkbox"/> 3 Units (3x earnings) Spouse & Dependent Coverage (check one) <input type="checkbox"/> 1 Unit (Spouse=\$10,000; Dependent=\$5,000) <input type="checkbox"/> 2 Units (Spouse=\$20,000; Dependent=\$10,000) Reason: _____ Date: _____
<input type="checkbox"/> OVER AGE 70 ADDITIONAL COVERAGE ENROLLMENT: (check one) <input type="checkbox"/> 1 Unit (1x earnings) (H) <input type="checkbox"/> 2 Units (2x earnings) <input type="checkbox"/> 3 Units (3x earnings)	<input type="checkbox"/> REINSTATE COVERAGE: I am reapplying for the coverage that lapsed while on an unpaid Leave of Absence. (I understand I am entitled to only the coverage that was in force at the time my unpaid leave began.) LOA Began (mm/dd/ccyy) LOA Ended (mm/dd/ccyy) (I)
<input type="checkbox"/> TRANSFER (State agency and UW employees only) From (J) To (K) (agency) (agency) Date of transfer _____ I understand that I am entitled to have only the coverage that is in force at the time of the transfer. That amount will be certified on the personnel transfer form submitted by my former agency.	<input type="checkbox"/> SPOUSE & DEPENDENT COVERAGE ENROLLMENT DUE TO QUALIFYING EVENT: (check one) <input type="checkbox"/> 1 Unit (Spouse=\$10,000; Dependent=\$5,000) (K) <input type="checkbox"/> 2 Units (Spouse=\$20,000; Dependent=\$10,000) Date of marriage, birth or adoption of child (Enrollment must be within 30 days of the date you first have a spouse or dependent child to insure) Date: _____ Qualifying event: _____

3. SIGNATURE (check one box and sign)

<input type="checkbox"/> ELECT COVERAGE: I hereby authorize deductions of premiums as necessary for the election indicated above. I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct. (L)	
<input type="checkbox"/> DECLINE COVERAGE: I do not wish to enroll at this time. I understand that if I wish to enroll at a later date I must apply through evidence of insurability.	
SIGN HERE AND RETURN TO EMPLOYER	Applicant signature (M) Date signed (mm/dd/ccyy) (N)

4. EMPLOYER COMPLETES

ETF Employer number (O) 69-036-	Name of employer (P)	Local employer billing unit number (Q)
1. Did employee participate under WRS prior to being hired by you? <input type="checkbox"/> Yes <input type="checkbox"/> No (R) 2. Previous service check completed? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Source of previous service check: <input type="checkbox"/> Online Network for Employers (ONE) <input type="checkbox"/> ETF (S)		Date WRS employment began with current employer (mm/dd/ccyy) New employee will have participated in WRS for 6 months on (T)
Other qualifying event (U)		Date of other qualifying event (V)
Date provided to employee (mm/dd/ccyy) (W)	Date received from employee (mm/dd/ccyy) (X)	Coverage effective date (mm/dd/ccyy) (Y)
Employer agent signature (AA)		Calendar year earnings (Z)
Prepared by (BB)		Year (V) Earnings are <input type="checkbox"/> Estimates <input type="checkbox"/> Actual
Telephone number ()		

ET-2304 (REV 4/2008)
F67864 4-2008

COPY AND DISTRIBUTE:

☐ ETF

☐ Employer

☐ Employee

604 Employee Completion – Sections 1, 2 and 3

The employee must complete the following items on the *Life Insurance Application/Cancellation/Refusal* (ET-2304). Refer to the sample form in subchapter 603. **Accuracy is essential.** If the employee does not properly complete these items, a new form will be required. The employee will be contacted if there are any questions about Section I of the application.

Section 1 – Applicant Information:

- A. Complete legal name.
- B. Social Security number as it appears on the employee's Social Security Card.
- C. Entire permanent address.
- D. Date of Birth – two-digit month, two-digit day and four-digit year (MM/DD/CCYY).
- E. Gender – check appropriate box.

Section 2 – Reason for Application:

- F. Initial Enrollment – Newly hired or newly eligible employees should check the levels of coverage in which they want to enroll.
- G. Cancellation – The employee should check **ONLY** the coverages that are no longer wanted. When an employee wishes to cancel Spouse & Dependent coverage, check the appropriate box and include the reason for canceling (e.g., death, divorce, loss of dependents, etc.) along with the occurrence date.

Note: If Basic coverage is canceled, all coverages will automatically be canceled.

- H. Over Age 70 Additional Coverage – An employee is eligible for Age 70 and Over Additional coverage without providing evidence of insurability if they are an active employee, have Additional insurance, and apply for Age 70 and Over Additional coverage within 30 days prior to their 70th birthday. The employee may apply only for the same number of units of Additional coverage that they currently have.
- I. Reinstate Coverage – Employees whose coverage lapsed while they were on a temporary layoff or leave of absence may reinstate only the coverage that was in force at the time they began their unpaid leave. Insert the date the leave began and the date the employee returned to work in the corresponding blanks. This section may also be used for employees reinstated by compromise settlement of an appealed discharge. The employer should note in the 'Other Qualifying Event' space in Section 4 of the application that it is a reinstatement of employment due to compromise settlement.
- J. Transfer – (State* and University employees only) – Check this box when a state employee transfers from one state agency to another. Employees may continue only the coverage amount and levels in force at the time of the transfer. Indicate

the agency the employee is transferring from, the agency the employee is transferring to, and the transfer date.

*Includes all state agencies, UW campuses, and agencies designated in Wis. Stat. § 40.02(50).

- K. Spouse & Dependent Coverage Enrollment Due to Qualifying Event – An insured employee may enroll in Spouse & Dependent coverage without providing evidence of insurability within 30 days of the date they first have a spouse or dependent to insure. The addition of a spouse or dependent is not a qualifying event if the employee previously had a spouse or dependent who was eligible for coverage. Indicate the number of units desired, the reason (e.g., marriage, birth, adoption, etc.) for enrolling, and the occurrence date.

Section 3 – Signature:

- L. Check the appropriate box to either enroll in or decline coverage.
- M. Applicant Signature – Employee must sign the application, whether electing or declining coverage.
- N. Date Signed – Applications without signatory dates are invalid.

605 Employer Completion – Section 4

Section 4 – Employer Completes:

The employer must complete the following items on the *Life Insurance Application/Cancellation/Refusal* (ET-2304). Refer to the sample form in subchapter 603.

- O. ETF Employer Number – Your seven-digit Employer Identification Number (EIN) (69-036-XXXX-XXX).
- P. Name of Employer – The name used by employers for Social Security reporting.
Note: University of Wisconsin, indicate campus name. Department of Corrections, indicate facility name (e.g., Corrections – Oakhill).
- Q. Local Employer Billing Unit No. – The unit number on the billing from Minnesota Life Insurance Company on which this person should appear.
- R. Previous Service – A previous service check must be completed for all new employees. A previous service check can be performed using one of the following methods:
- Access ETF's Online Network for Employers (ONE) web site at <http://etfonline.wi.gov/one.html> and use the Previous Service Benefit Inquiry application.

- Call the Employer Communication Center toll free at (888) 681-3952 or locally at (608) 264-7900.
- Fax a completed *Previous Service Check Form* (ET-1715) to ETF at (608) 266-5801.

(Refer to subchapter 402 for additional information on previous service checks.)

- S. Date WRS Employment Began with Current Employer – The date the employee began their employment; this date may or may not be the same as their WRS Coverage begin date.
- T. New Employee will have Participated in WRS for 6 Months on – The date on which the employee met, or will meet, the '6 months under WRS' eligibility criterion. Service credited prior to the withdrawal of WRS contributions is forfeited and does not count toward the 6 months. Refer to subchapter 401 for additional information on determining an employee's initial eligibility date.
- U. Other Qualifying Event – Complete this area if the reason for eligibility is due to extenuating circumstances such as reinstatement of employment due to arbitration, employer error, visually impaired completed 1,000 hours of WRS employment, etc.
- V. Date of Other Qualifying Event – The actual date of the event listed in section U.
- W. Date Provided to Employee – The actual date the employer gave the application to the employee.
- X. Date Received from Employee – The date the employer received the completed and signed application from the employee. This date determines when insurance is effective.
- Y. Coverage Effective Date – The effective date of coverage or cancellation.
 - 1. Effective date of coverage is the later of the:

- a. first day of the month on or after the date the completed application is received by the employer,

OR

- b. first of the month following completion of the 6 month qualifying period for new employees.

EXCEPTION: If a rehired annuitant elects WRS participation and chooses active life insurance coverage, the effective date will be determined by ETF.

2. Effective date of cancellation:
- a. Cancellation will be effective and insurance coverage will cease the end of the calendar month that begins after the cancellation form is received by the employer [Wis. Stat. § 40.70 (8)].

EXAMPLE: If an employee returns the completed application canceling coverage to the employer on April 2, the effective date of cancellation of coverage is May 31.
 - b. If the employee wishes to designate a later cancellation date, they must hold the application until the month before the last month for which coverage is desired.
3. The following situations are examples of effective date(s) of cancellation for Spouse & Dependent coverage. All situations assume there is no spouse and no other dependent(s) to insure:

REASON	EFFECTIVE DATE OF CANCELLATION
Simply no longer desires coverage	End of the month following the month the <i>Life Insurance Application/Cancellation/Refusal</i> (ET-2304) is received by employer
Divorce	Date of divorce
Death of spouse	End of the month of death
Dependent reaches age 19, ceases to be a full-time student, or is a full-time student but reaches age 25	End of the calendar year of occurrence
Dependent marries	End of month of marriage
Dependent with physical or mental disability becomes capable of self-support	Date disability ceases, date former dependent becomes capable of self-support, or date of marriage, whichever occurs first, regardless of age or student status

- Z. Calendar Year Earnings – Actual or estimated calendar year earnings.
1. The amount of insurance is based on the employee's estimated or actual calendar year WRS earnings [Wis. Stat. § 40.72 (1)]. Enter the amount and year and indicate whether the earnings were estimated or actual. Do not check "actual" unless last year's actual WRS earnings are used.
 2. If the employee was not covered under the WRS by the employer for the full previous calendar year or was off work without pay for three or more months during the previous calendar year, use projected annual earnings and check the box marked "estimate". This amount must remain in effect until the employee has been covered under the WRS for one full calendar year (January 1 through December 31). Refer to subchapter 801 for more information on estimated annual earnings.

Note: If an employee moves from one local employer to another local employer or to/from a State employer to a local employer, use “estimated” calendar year earnings.

3. Actual earnings are the employee’s previous calendar year earnings.
4. Use W-2 earnings if a private pension employer.

AA. Employer Agent Signature – The employer’s designated WRS Agent must sign the application certifying that the information contained therein is true and correct.

BB. Prepared by and Telephone No. – The name and telephone number of the person actually completing the employer section of the *Life Insurance Application/Cancellation/Refusal*.

606 Distribution of Copies

Distribute copies of the *Life Insurance Application/Cancellation/Refusal* (ET-2304) as indicated at the bottom of the form for enrollments, refusals, and cancellations as follows:

1. Immediately forward a copy of the application to ETF, regardless of whether the employee refuses, cancels, or applies for coverage.
2. Retain a copy as an employer record.
3. Give a copy to the employee.

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

CHAPTER 7 – EVIDENCE OF INSURABILITY

- 700 Enrollment Through Evidence of Insurability**
- 701 Instructions for Completing the Evidence of Insurability Application**
- 702 *Evidence of Insurability Application* (ET-2305)**
- 703 *Notification of Underwriting Decisions* (ET-2351) (Application Approval, Denial, etc.)**

700 Enrollment Through Evidence of Insurability

An eligible employee who does not enroll for Group Life Insurance coverage within 30 days after becoming eligible for coverage may later apply by providing evidence of insurability satisfactory to Minnesota Life Insurance Company (MLIC) using the *Evidence of Insurability Application* (ET-2305). Employees may only apply for plans offered by their employer. (Refer to the sample form in subchapter 702.)

An eligible employee may apply through evidence of insurability at any time. The application must be submitted to MLIC no later than one month after the form's completion, since medical information can become outdated. All pertinent information must be complete or the application will be returned.

The effective date for coverage approved through evidence of insurability is the first of the month following the date the evidence is approved by MLIC. Medical proof of insurability, if requested by MLIC, must be furnished at the employee's expense.

The following criteria must be met for the employee to apply for coverage through evidence of insurability:

- **Basic coverage**, the employee must be:
 - a. Actively employed (not on leave or layoff),
 - b. Under age 70 on the date the Department of Employee Trust Funds (ETF) receives the application, **and**
 - c. Eligible to apply as outlined in subchapter 400A.
- **Supplemental coverage**, the employee must be:
 - a. Actively employed (not on leave or layoff),
 - b. Under age 70 on the date ETF receives the application, **and**
 - c. Insured for Basic coverage (or electing Basic on the *Evidence of Insurability Application*).

- **Additional coverage**, the employee must be:
 - a. Actively employed (not on leave or layoff),
 - b. Under age 70 on the date ETF receives the application, **and**
 - c. Insured for Basic coverage (or electing Basic on the *Evidence of Insurability Application*).
- **Age 70 and Over Additional coverage**, the employee must be:
 - a. Actively employed (not on leave or layoff), **and**
 - b. Age 70 or older.

Note: Basic coverage is not a prerequisite, nor is prior participation in the Additional plan.

- **Spouse & Dependent coverage**, the employee must be:
 - a. Actively employed (not on leave or layoff) or on Disability Waiver of Premium,
 - b. Under age 70 (age 65 if on Disability Waiver) on the date ETF receives the application, **and**
 - c. Insured for Basic coverage (or electing Basic on the *Evidence of Insurability Application*).

701 Instructions for Completing the Evidence of Insurability Application

A. Employer Responsibilities:

1. Review the eligibility criteria outlined above to determine if the employee is eligible to apply for coverage.
2. Provide the employee with a copy of the *Life Insurance Brochure* (ET-2101) that explains each plan and advise as to which plans the employee may elect. Employees may only apply through *Evidence of Insurability Application* (ET-2305) for plans offered by their employer.
3. Complete the 'Employer Information' section of the application that includes:
 - a. Employer Name.
 - b. Employer Identification Number (EIN 69-036-XXXX-XXX).
 - c. Unit Number.
 - d. Date of Hire at Current Employer.
 - e. WRS Annual Earnings, with the corresponding actual or estimated box checked.
 - f. Amount of basic insurance if the employee is insured under the Basic Plan.

4. Instruct the employee to:
 - a. Follow the detailed instructions on the first page of the *Evidence of Insurability Application*. Incomplete applications will be returned to the employee for completion, thus delaying processing of the application.
 - b. Complete the form and make a photocopy for their records before submitting it to MLIC.

Note: The employee must submit the application to MLIC no later than one month after completion, since medical information can become outdated.

B. Report of Action

Both the employee and employer will receive a *Notification of Underwriting Decisions* (ET-2351) from MLIC showing whether coverage has been approved, declined, or showing the action taken. The notification will also contain the effective date of coverage(s) if applicable. (Refer to subchapter 703 for a sample *Notification of Underwriting Decisions*.)

702 Evidence of Insurability Application (ET-2305)

WISCONSIN PUBLIC EMPLOYERS GROUP LIFE INSURANCE PROGRAM
INSTRUCTIONS FOR COMPLETION OF EVIDENCE OF INSURABILITY APPLICATION
Group Life Insurance
§40.70 (6)

Employees who did not enroll during their initial enrollment period, or insured employees who wish to apply for more insurance for themselves or their spouse/dependents, may apply using this Evidence of Insurability form. This application must be received by Minnesota Life Insurance Company (MLIC) during the employee's active employment and prior to the date the applicant reaches age 70. Active employees who are turning age 70 and do not have Additional coverage, or new employees age 70 or over may apply for Age 70 And Over Additional insurance using this form.

Note: An employee does not need to have Basic coverage to apply for Age 70 and Over Additional coverage. Active employees who already have Additional coverage do not need to apply through evidence of insurability. They may enroll by using the *Life Application/Cancellation/Refusal* form (ET-2304).

EMPLOYER:

1. Review the eligibility criteria outlined in the *Life Insurance Employer Administration Manual* (ET-1117), and the cover sheet of this application.
2. Determine the plan(s) for which the employee may enroll.
3. Complete the Employer Information section of the application.
4. Instruct the employee to complete the form and to make a photocopy for his or her records BEFORE submitting to MLIC.
5. MLIC will send you a written notice regarding the final outcome of this application.

EMPLOYEE:

1. Your employer must complete the Employer Information section of this application.
2. Review the Plan Booklet (ET-2101) and the cover sheet of this application for information about the plans you wish to apply for.
3. Complete both sides of the application.
4. If you are applying for insurance for yourself:
 - a) complete the boxes for the employee's height, weight, date of birth and gender.
 - b) answer the health questions using the "Employee" check boxes.
5. If you are applying for insurance for your spouse:
 - a) complete the boxes for your spouse's height, weight, date of birth and gender.
 - b) answer the health questions using the "Spouse" check boxes.
6. If you are applying for insurance for your dependent children, answer the health questions using the check boxes for "Dependent Children."
 - If you have more than one dependent child, answer "Yes" if the question can be answered "Yes" for any of your dependent children. If the answer to the question is "No" for all your dependent children, then check "No."
 - On the reverse side of the form, list your children under the section entitled "Complete For Dependent Child(ren) Coverage."
7. If your answer is "Yes" to any of the health questions, please provide details by completing the Health Information section on the reverse side of the form. Applicants are responsible for the cost of medical examination(s), if required.
8. Sign and date the form at the bottom of the front side. Your spouse must also sign the form if applying for Spouse and Dependent Coverage.
9. Make a photocopy of the completed form for your records.
10. Mail the original completed form directly to:
Minnesota Life Insurance Company
P.O. Box 259708
Madison, WI 53725-9708

This application must be received by MLIC no later than one month from the date signed to ensure medical information is current.

You and your employer will receive a report of action after insurability has been determined.

F54666 Rev 6-2006

ET-2305 (Rev 6/2008)

702 Evidence of Insurability Application (ET-2305) Continued

WISCONSIN PUBLIC EMPLOYERS GROUP LIFE INSURANCE PROGRAM Plan Summary

The Wisconsin Public Employers (WPE) Group Life Insurance program offers employee coverage of up to five times your annual Wisconsin Retirement System (WRS) earnings. All five levels of insurance are available to state employees. The amount of coverage available to local government employees depends on which plans are offered by your employer. The following is a summary of the life insurance coverage that is available.

Coverage Options

The **Basic Plan** provides coverage equal to your earnings reported to the WRS for the previous year, rounded up to the next thousand (W-2 earnings for employees of a qualified private pension employer). Your employer is required to contribute to the cost of this insurance.

The **Supplemental Plan** provides coverage equal to your earnings reported to the WRS for the previous year, rounded up to the next thousand (W-2 earnings for employees of a qualified private pension employer). The state contributes to the cost of this coverage for state employees. Local government employers are not required to contribute.

The **Additional Plan** provides up to three units of coverage. Each unit of coverage equals your earnings reported to the WRS for the previous year, rounded up to the next thousand (W-2 earnings for employees of a qualified private pension employer). Depending on how many levels of coverage are offered by your employer, you may choose 1, 2, or 3 units of Additional coverage. Employer contributions are not required.

The following is an example of how the amount of employee coverage is determined for an employee who chooses Basic, Supplemental and 3 Units of Additional coverage. The employee's previous year WRS-reported earnings are \$33,200. The earnings rounded up to the next thousand equals \$34,000 of coverage. The employee has coverage as follows:

Basic: (1x earnings)	=	\$34,000
Supplemental: (1x earnings)	=	34,000
Additional (3 units): (3x earnings)	=	<u>102,000</u>
Total Amount of Insurance Coverage (5x earnings)	=	\$170,000

Note: Until you have been employed for one full calendar year by your current employer, your coverage will be based on an estimate of your annual earnings.

The **Age 70 and Over Additional Plan** provides up to three units of coverage for active employees over the age of 70. Each unit provides coverage equal to your earnings reported to the WRS for the previous year, rounded up to the next thousand (W-2 earnings for employees of a qualified private pension employer). Depending on how many levels of coverage are offered by your employer, you may choose 1, 2, or 3 units of coverage.

If you are actively employed when you turn age 70, your Basic coverage will reduce to the final post-retirement coverage amount and continue for life with no premiums due. Your supplemental coverage and Spouse & Dependent coverage will cease on your 70th birthday.

Note: To be eligible for Age 70 and Over Additional coverage without providing evidence of insurability, you must be an active employee, have Additional insurance, and apply for Age 70 and Over Additional coverage within 30 days prior to your 70th birthday. If you are not covered by Additional insurance when you turn age 70, but would like to apply for Age 70 and Over Additional, you may apply by submitting an *Evidence of Insurability* application (ET-2305).

The **Spouse & Dependent Plan** provides coverage for your spouse and all dependent(s). If you elect one unit of coverage, your spouse will have \$10,000 in coverage and each dependent (regardless of the number) will have \$5,000 in coverage. If you elect two units, your spouse will have \$20,000 in coverage and each dependent will have \$10,000 in coverage. Spouse and all eligible dependents must be included in the application and all must be approved in order for insurance to be granted.

Effective Date of Coverage

The effective date for coverage approved under Evidence of Insurability is the first of the month following the date the application is approved by Minnesota Life Insurance Company.

F54665 Rev 6-2008

ET-2305 (Rev 6/2008)

702 Evidence of Insurability Application (ET-2305) Continued

Evidence of Insurability Application
Wisconsin Public Employers Group Life Insurance Program
Wis. Stats. §40.70(6)
Minnesota Life Insurance Company - A Securian Company
P.O. Box 259708 • Madison, WI 53725-9708



MINNESOTA LIFE

EMPLOYEE INFORMATION

Last name	First name	Middle initial	Social Security number	Date of birth
Street address		City	State	Zip code

EMPLOYER INFORMATION - To be completed by employer.

Current employer (or state agency)	Employer identification number 69 - 036 -	Unit number
Date of hire at current employer	WRS annual earnings <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	Amount of basic insurance (if insured)

INSURANCE DESIRED - Check only the plans you are applying for. Basic insurance is a prerequisite to all coverages except Age 70 and Over Additional.

- | | |
|---|--|
| <input type="checkbox"/> Basic Plan (1x earnings) | Spouse & Dependent Plan
(check only one box below) |
| <input type="checkbox"/> Supplemental Plan (1x earnings) | <input type="checkbox"/> 1 Unit (Spouse = \$10,000; Dependent = \$5,000) |
| | <input type="checkbox"/> 2 Units (Spouse = \$20,000; Dependent = \$10,000) |
| Additional Plan
(check only one box below) | Age 70 and Over Additional Plan
(check only one box below) |
| <input type="checkbox"/> 1 Unit (1x earnings) | <input type="checkbox"/> 1 Unit (1x earnings) |
| <input type="checkbox"/> 2 Units (2x earnings) | <input type="checkbox"/> 2 Units (2x earnings) |
| <input type="checkbox"/> 3 Units (3x earnings) | <input type="checkbox"/> 3 Units (3x earnings) |

SIGNATURE - Please read and sign below.

Upon approval of this application, I hereby authorize payroll deduction from my earnings. I authorize any physician, medical practitioner, hospital, clinic or other health care provider, insurance company, or employer who has any records or knowledge of me or my physical or mental health, or that of my dependent children, to give such information and any other nonmedical information to Minnesota Life Insurance Company ("Company") or its authorized representative. This shall include information as to my medical history, consultations, diagnosis, prescriptions or treatment, tests, and information as to alcohol, drug abuse or sickle cell disease.

The answers provided on this application are representations of each person signing below. The answers given are true and complete. It is understood that Minnesota Life Insurance Company, (the Company), St. Paul, Minnesota 55101-2098, shall incur no liability because of this application unless and until it is approved by the Company and the first premium is paid while my health and other conditions affecting my insurability are as described in this application. I understand that false or incorrect answers to the above questions may lead to rescission of coverage. If coverage is rescinded, an otherwise valid claim will be denied.

Employee signature X	Daytime telephone number ()	Date signed
Spouse signature (Required if applying for Spouse and Dependent Insurance) X	Print name	
Is your spouse also applying separately as an employee for coverage under this program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Daytime telephone number ()	Date signed

PROVIDE ADDITIONAL HEALTH INFORMATION ON REVERSE SIDE

FS4665 Rev 6-2008

ET-2305 (Rev 6/2008)

703 Notification of Underwriting Decisions (ET-2351) (Application Approval, Denial, etc.)

MINNESOTA LIFE

NOTIFICATION STATEMENT

Minnesota Life Insurance Company • Group Underwriting • P.O. Box 64136 • St. Paul, MN 55101-0136 • 1-800-872-2214

Jane Doe
123 Country Rd. A
Anytown, WI 55000

RE: Wisconsin Public Employers Group Life Insurance Program - Policy 2832-G

Employee Date of Birth: 1/1/50
Employee Social Security Number: xxx-xx-0123

This statement is to advise you that we have completed our underwriting on the above employee for the following life insurance coverage increase requests. If any requests are still in process, you will be notified of our decision on a future statement.

<u>Name of Applicant</u>	<u>Coverage Amount</u>	<u>Coverage Type</u>	<u>Units</u>	<u>Decision</u>	<u>Date</u>
Jane Doe	\$10,000	Basic		Approved	10/25/07
Jane Doe	\$10,000	Supplemental		Approved	10/25/07
Jane Doe	\$30,000	Additional	123	Approved	10/25/07
John Doe	\$20,000	Spouse	1,2	Approved	10/25/07
Susie Doe	\$10,000	Dependent	1,2	Approved	10/25/07

Please note that the effective date for any coverage that is approved will be the first day of the month following the date of approval.

To maintain confidentiality, specific details on any denied coverage types will be explained in a separate letter to the member.

Thank you for allowing us to assist you with your insurance needs. If you have any questions regarding the decision of your coverage, please contact our Underwriting Department by calling 1-800-872-2214.

Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL

CHAPTER 8 — AMOUNT OF INSURANCE

- 800 Amount of Insurance**
- 801 Estimating Coverage Amounts for New Employees**
- 802 Other Considerations When Determining Coverage Amounts**
- 803 Employee Coverage During Periods of No Earnings**
- 804 Election to Reduce Coverage**
- 805 *Election to Reduce Amount of Life Insurance (ET-2309)***

800 Amount of Insurance

Five levels of Group Life Insurance coverage (Basic, Supplemental, Additional, Age 70 and Over Additional, and Spouse & Dependent) are available to State employees. Coverage available to local government employees depends on which plans the employer has filed a resolution to offer.

A. Basic and Supplemental

The Basic and Supplemental insurance plans each provide coverage equal to 100% of the employee's previous calendar year earnings, rounded to the next higher \$1,000.

B. Additional and Age 70 and Over Additional

The Additional plan and the Age 70 and Over Additional plan each provide coverage up to three times the employee's previous calendar year earnings, rounded to the next higher \$1,000.

State employees are eligible for all three units of Additional coverage. Local government employers may elect to offer one, two, or three units of Additional coverage.

Active employees insured under the Additional plan may apply for the Age 70 and Over Additional coverage prior to their 70th birthday, if offered by their employer. (Refer to subchapter 406.)

C. Spouse & Dependent

Eligible employees may elect either one or two units of Spouse & Dependent coverage. (Refer to subchapter 405 to determine eligibility for Spouse & Dependent coverage.) The employee, as the beneficiary, will receive the following amounts for each unit of coverage:

1. \$10,000 in the event of the death of a legal spouse.
2. \$5,000 in the event of the death of a dependent.

D. Coverage Amounts for Active Employees Age 70 and Over

As long as active employment continues, there is no reduction in coverage until age 70. When an active employee reaches age 70, Supplemental, Additional and Spouse & Dependent coverage terminates. Basic coverage automatically continues at the reduced amount. (Refer to subchapter 300.) No further premiums are due for post-age-70 Basic coverage.

801 Estimating Coverage Amounts for New Employees

For a newly eligible employee who has not been employed for the full previous calendar year by their current employer, the insurance amount is based on their estimated annual earnings at the time coverage is effective, projected on an annual basis. All earnings reportable to the WRS, such as supplemental or “add-on” salary, must be included when estimating the coverage amount.

- A. A full-time employee has been hired at a monthly salary rate; multiply that rate by 12 to estimate the annual earnings.

EXAMPLE: Employee’s monthly earnings are \$2,550.
 $\$2,550 \times 12 \text{ months} = \$30,600$ annual earnings.
Amount of insurance is \$31,000.

- B. A full-time employee has been hired at an hourly rate; multiply that rate by 2,080 hours to estimate the annual earnings.

EXAMPLE: A full-time employee’s hourly earnings are \$20.
The employee is expected to work 2,080 hours per year.
 $\$20 \times 2,080 \text{ hours} = \$41,600$ annual earnings.
Amount of insurance is \$42,000.

- C. An employee has been hired for less than full time; base the estimate on the number of hours they are scheduled to work.

EXAMPLE: A part-time employee’s hourly earnings are \$16.
The employee is expected to work 1,040 hours per year.
 $\$16 \times 1,040 \text{ hours} = \$16,640$ annual earnings.
Amount of insurance is \$17,000.

- D. Coverage for an employee hired for a specified contract period is based on a projection of the employee’s annual contract amount.

EXAMPLE: A new teacher’s contracted school year salary is \$52,000. Amount of insurance coverage is \$52,000

- E. Earnings the employee may have had from another WRS employer are not relevant to determining coverage at a new employer. Each local employer is a separate employer for life insurance purposes. The State, including the UW, is one employer for this purpose.

EXAMPLE 1: (Local Employer)

A police officer making \$65,000 in one city leaves to become the police chief of a different city making \$79,000 per year. The insurance amount is based on the estimated amount of \$79,000.

EXAMPLE 2: (State Agency)

An employee making \$65,000 at a State agency who transfers to another State agency where the employee will be making \$75,000 will continue the insurance amount of \$65,000 until the January 1 following the transfer.

- F. Estimated coverage amounts will remain in effect until the employee has been employed by their current employer for a full calendar year, at which time the employee's calendar year earnings, rounded to the next higher \$1,000, become the coverage amount. Coverage cannot be continued at a higher amount if that higher amount is based on an estimate.

EXAMPLE: An employee's life insurance coverage of \$33,000 in 2007 was based on estimated earnings of \$32,500 due to employment beginning in 2006. The actual 2007 earnings were only \$31,500; coverage will reduce to \$32,000 effective January 1, 2008.

802 Other Considerations When Determining Coverage Amounts

A. Private Pension

Coverage for employees of private pension employers is based on W-2 earnings from the previous full calendar year.

B. Highly Compensated Employees

Highly compensated employees who began WRS participation after July 1, 1996, have their WRS reportable earnings capped by compensation limits imposed by Internal Revenue Code section 401 (a) (17). Life insurance coverage, however, will be based on the employee's actual earnings. Estimate the actual earnings for highly compensated employees, regardless of their WRS reportable earnings.

C. Retroactive Contract Settlements

Contract settlements sometimes involve the payment of retroactive earnings. For WRS purposes, retroactive earnings must be allocated to the year in which payment would have been made had the contract been settled timely. For example, if payments were made in 2008 affecting earnings in 2007 due to contract settlements, labor negotiations, etc., any amounts paid for 2007 must be deducted from the 2008 earnings entered/reported on the renewal census request.

D. Workers Compensation

When an employee receives Worker's Compensation benefits for any period of temporary disability, the amount they would have received had the disability not occurred is the amount that must be reported to ETF as earnings. Earnings must be reported at the rate that would have been paid had the disability not occurred, including any adjustments to that rate. These earnings determine insurance coverage amounts.

E. Reduction in Earnings

When an employee's earnings fall below the actual earnings used as the basis of coverage in that year, coverage will automatically be continued at the higher amount unless the employee elects to reduce the coverage amount. (Refer to subchapter 804.)

EXAMPLE: An employee's coverage in 2008 is based on 2007 actual earnings of \$22,500, or \$23,000 in coverage. The employee's 2008 earnings decreased to only \$21,500, or \$22,000 in coverage. Since the employee's coverage in 2008 was based on actual 2007 earnings, coverage will automatically remain at the \$23,000 level.

Adjustments in coverage amounts for both State and local government employees are effective January 1 based on the prior calendar year earnings. Premium changes occur in the March coverage month for State employees and the July coverage month for local government employees.

803 Employee Coverage During Periods of No Earnings

Employees may continue their Group Life Insurance coverage for up to 36 months while they are off work for any reason, provided the required premiums are paid.

A. Leaves of Absence or Temporary Layoffs (Refer to subchapters 501 and 502.)

Available Coverage: An insured employee may continue their Group Life Insurance coverage during an approved leave of absence (including military leave) or temporary layoff for up to 36 months. Insurance coverage may be continued beyond 36 months if the approved leave is a union service leave [Wis. Stat. §§ 40.02 (56) and 40.03 (6) (g)].

The amount of insurance during the leave of absence or temporary layoff remains the same as that in effect immediately preceding the leave of absence or layoff. The employee may choose to cancel Supplemental or Additional levels of coverage; however, if they return to active employment with the same employer, they may not again enroll in those levels of coverage unless they apply through evidence of insurability.

Employees on an unpaid leave or temporary layoff at the time when they become initially eligible for coverage (or eligible for additional types of coverage) will have that eligibility suspended until they return to work. An application for initial

coverage or additional coverage may be filed within 30 days of returning to work from unpaid leave or layoff.

Employee Premium: Employee premiums must be paid in advance for periods of at least three months, and each payment must be received by the employer prior to the end of the period for which premiums had previously been paid.

Premiums will change if the Group Insurance Board approves a rate increase or decrease while an employee is on leave of absence or layoff, or if the employee moves into a higher age group. Notification of a premium rate change is provided to employers via an *Employer Bulletin*. Employers are responsible for notifying employees of all rate changes due to age group change or annual premium change.

Employer Premium: The employer must continue to pay the required employer contributions during the leave or temporary layoff as long as the employee continues to make premium payments.

B. Summer Vacations

Available Coverage: An insured employee who is employed during a normal school year is considered to be in employee status during the summer vacation, and insurance coverage that was in effect during the school year will continue during the summer vacation. Summer vacation, as defined in Wis. Admin. Code ETF 10.01 (6), is the time during the summer months between the end of the regular school term of the school system in which the employee was last employed and the beginning of the next regular term of such school system.

Continuation of coverage during summer vacation and remittance of premiums are not mandatory for teachers who have not renewed their contract with the school system, but may be continued at the discretion of the employer. However, an employee's eligibility to continue their insurance coverage as an active employee is terminated on the date an application for a retirement benefit is received by the WRS.

Employee Premium: The employee's share of the premium for each month or portion of a month which falls within the summer vacation is paid to the employer either in advance or on a monthly basis.

Employer Premium: The employer must continue to pay the required employer contributions during the summer vacation as long as the employee continues to make premium payments.

C. Appeals of Removal or Discharge from Employment

Available Coverage: An insured employee who exercises a statutory right to appeal within 30 days of removal or discharge may continue to be insured after the date the employee is notified of the contested removal or discharge or may allow coverage to lapse.

If the outcome of the appeal is adverse to the employee the employment termination date, for purposes of termination of the employee's insurance, is the last day of the month the determination becomes final. "Final" means the expiration, without appeal, of the time within which an appeal might have been perfected, or the final affirmation on appeal, i.e., appeal rights have been exhausted.

Employee Premium: The initial payment, due within 30 days of the date of the removal or discharge, must cover the premium due for a minimum three month period, but may cover a longer period if the employee desires. The employee will pay the gross amount due, which includes the normal employee premium and any amount normally considered the employer contribution. The employer must remit this premium with their normal monthly remittance.

If coverage lapsed during the appeal process, the employee must be offered coverage upon reinstatement. The employee is eligible only for the same level of coverage they had prior to the discharge, unless the employer offered additional coverage during the discharge period. The employee must submit a *Life Insurance Application/Cancellation/Refusal* form (ET-2304) within 30 days of returning to work.

If the employee's employment and coverage terminate, the employer must refund any premiums paid for any period after the coverage termination date to the employee.

Employer Premium: If the right of the employee to their position or office is upheld, the employer must refund to the employee any amounts paid in excess of the normal employee share.

D. Periods of Total and Permanent Disability

Employees who are not receiving earnings due to total and permanent disability may continue to be covered with no further contribution toward the cost. The employer must file a *Life Insurance Disability Premium Waiver* (ET-5306) with ETF in all such cases before premiums are stopped. (Refer to Chapter 14 for more details.)

E. Military Leave

State employees on military leave are eligible to receive benefits and State salary (less military pay and allowances), as well as accumulate sick leave and vacation, as though no interruption of State service had occurred. The following provisions regarding life insurance are also applicable to local government employees who have group life insurance coverage. Employers must advise employees of their life insurance coverage options prior to the employee going on military leave. It is strongly recommended that employers document the arrangement for employee and employer records.

Available Coverage: Employees may continue their life insurance coverage when on a paid or unpaid military leave of absence (LOA), or they may allow their coverage to lapse.

Life insurance claims will be paid for any insured on military leave who has continued to pay the premium. However, accidental death, dismemberment and loss of use benefits are not paid for claims caused by war or any act of war, declared or undeclared, or for travel in any aircraft except as a commercial passenger. No life insurance benefits will be payable for employees who let their coverage lapse.

Employee Premium: Employers must make arrangements to collect the employee premium during the military LOA if the employee elects to continue coverage.

- During a paid military LOA, the employee's share of premium may be deducted from the paycheck.
- During an unpaid military LOA, or if the paycheck is insufficient to cover the employee premium, the employee premium must be collected from the employee in advance. The employer must receive each premium payment at least 31 days prior to the end of the period for which premiums had previously been paid.

Employer Premium: The employer must continue to pay the required employer contributions for as long as the employee continues to make premium payments.

804 Election to Reduce Coverage

- A. An insured employee may elect to reduce their insurance coverage if all of the following requirements have been met:
 - a. The employee's calendar year earnings (W-2 earnings for private pension employees) have decreased and could result in less coverage than the employee currently has.
 - b. The employee is actively employed with the same employer.
 - c. The employee has been actively employed for at least nine months in the last calendar year.
- B. The employee must properly complete and sign an *Election to Reduce Amount of Life Insurance* (ET-2309). The employer representative must also sign this form. The election must be filed with the employer in the year following the year in which there was a decrease in earnings, and received by ETF within 60 days of receipt by the employer. (Refer to the sample *Election to Reduce Amount of Life Insurance* in subchapter 805.)
- C. The reduced coverage will be effective the first day of the month on or after the date the employer receives the *Election to Reduce Amount of Life Insurance* and will be based on actual earnings in the last calendar year.
- D. Coverage automatically increases if the employee's earnings increase in subsequent years; otherwise, the election remains in effect until the employee either changes employers or files a new election to reduce coverage after a further decrease in earnings.

805 Election to Reduce Amount of Life Insurance (ET-2309)

Department of Employee Trust Funds
P.O. Box 7931
Madison, Wisconsin 53707-7931

ELECTION TO REDUCE AMOUNT OF LIFE INSURANCE
Wis. Stat. § 40.72 (8)

This election will be effective on the first day of the month on or after the date this form is received by your employer.

Name (Last, First, Middle, Former – Birth/Married)		Social Security Number
Birthdate (MM/DD/CCYY)		
<p>NOTICE: Your life insurance coverage amount under the Wisconsin Public Employer's Group Life Insurance Program is based on your Wisconsin Retirement System (WRS) earnings in the previous calendar year, rounded up to the next highest thousand. For example, if your WRS earnings were \$19,473 last year, your basic life insurance coverage this year would be \$20,000. Every January, your coverage amount is automatically adjusted based on increases in your WRS earnings in the previous year.</p> <p>As long as you remain insured with the same employer, your coverage amount automatically remains at the highest level you've attained in the past, even if your earnings decrease.</p> <p>However, if your earnings decreased last year, you may <u>choose</u> to <u>reduce</u> the amount of your life insurance coverage accordingly by filing this election form with your employer. Your coverage will then be based on last year's WRS earnings, regardless of any higher annual earnings you may have had in the past.</p> <p>Beginning next January, your coverage may increase, depending on your WRS earnings this year or in subsequent years. If your earnings decline further in future years, you may reduce your life insurance coverage by filing another election.</p> <p>Election: I have read the above NOTICE and I understand it. I hereby elect that my coverage under the Wisconsin Public Employer Group Life Insurance shall be based on my Wisconsin Retirement System (WRS) earnings in the most recent calendar year. I voluntarily forfeit my right to the higher amount of coverage for which I would otherwise be eligible, on the basis of WRS earnings in previous years. I understand that this forfeiture, once properly signed and filed with my employer, is irrevocable, and that the amount of my group life insurance coverage in the future will be based on the highest amount for which I become eligible after filing this election.</p> <p>I understand that Wis. Stat. § 943.395 provide criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that to the best of my knowledge and belief, the above information is true and correct.</p>		
Date (MM/DD/CCYY)	Signature of Employee	

Employer: Complete the following section based on the reduced coverage amount and submit this form to the Department of Employee Trust Funds within 30 days of the receipt date.

Employer Receipt Date	Signature of Employer Representative		
Amount of Basic Life Ins. \$	Amount of Supplemental Ins. \$	Amount of Additional Life Ins. \$	
Employer Name	Employer Number 69-036-	Calendar Year Earnings on which based	

ET-2309 (REV 10/2007)

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

CHAPTER 9 — EMPLOYEE AND EMPLOYER CONTRIBUTIONS

- 900 Employee Premium Information**
- 901 Employee Premium Rates**
- 902 Spouse & Dependent Coverage Premium Rates**
- 903 Required Contributions from State Agencies**
- 904 Required Contributions from Local Government Employers**
- 905 Annual Premium and Coverage Changes**
- 906 50% Post-Retirement Benefit Employer Contribution -
Local Government Employers**
- 907 *Resolution to Provide 50% Post-Age 65 Coverage for
Eligible Employees (ET-1303)***
- 908 Local Government Employers Resolution to Pay Total
Premium for all Employees**
- 909 *Resolution to Pay Entire Premium (ET-1301)***

900 Employee Premium Information

A. Monthly Premium Deduction

Monthly premiums are withheld from the earnings of each insured active employee. The information in this manual assumes that payroll deductions occur two months in advance of the coverage. Employers on a different deduction schedule must make the necessary adjustments.

Both employee and employer may agree to a deduction schedule in which premiums are paid in advance for several months at a time (for example, if the employee is off work over the summer, or is a substitute teacher with uncertain work hours).

Refer to Chapter 5 for effective dates of coverage in various employment situations. If there is insufficient time to make a payroll deduction in accordance with instructions in this manual, a double deduction should be taken on a subsequent payroll.

B. Premiums Cease at Age 70

Premiums cease for Basic, Supplemental, Additional and Spouse & Dependent coverage when an active employee reaches age 70. No deductions should be taken for the coverage month in which the employee turns age 70. However, an active employee at age 70 with Additional coverage in effect is eligible for the Age 70 and Over Plan. Should the employee apply for Age 70 and Over Additional coverage, premiums are due beginning with the month in which the employee turns 70. The premium should be calculated based on the employee's

age on the previous March 1 (State) or July 1 (local government). The employee's Basic coverage will continue at the final reduced amount with no further premiums due.

C. Refunding Excess Premiums

In the event an excess deduction of employee contributions has been taken for any reason, a refund can be obtained by reducing subsequent contributions. If the employee has already received their final paycheck after termination of employment, the employer who made the excess deduction should issue a refund check to the employee. Special limitations apply to refunds for Spouse & Dependent Coverage (refer to subchapter 602).

901 Employee Premium Rates

CHART A

2008-2009 Monthly Rate Per \$1,000 of Insurance				
	State			Local
Attained Age	Basic	Supplemental	Additional	Basic, Supplemental & Additional
Under 30	\$.05	\$.05	\$.07	\$.05
30 – 34	.05	.05	.08	.06
35 – 39	.05	.05	.08	.07
40 – 44	.07	.07	.10	.09
45 – 49	.11	.11	.17	.15
50 – 54	.18	.18	.27	.27
55 – 59	.28	.28	.42	.44
60 – 64	.38	.38	.57	.53
65 – 69 ¹	.50	.50	.75	.60

CHART B

2008-2009 Age 70 and Over Additional Coverage (State & Local)			
Monthly Rate Per \$1,000 of Insurance			
Age	Rate	Age	Rate
70	\$ 1.00	80	\$ 3.10
71	1.15	81	3.40
72	1.25	82	3.70
73	1.45	83	4.10
74	1.60	84	4.50
75	1.80	85	4.90
76	1.95	86	5.30
77	2.15	87	5.70
78	2.45	88	6.35
79	2.75	89	7.00
Premium rates will be extended to later ages as needed.			

¹ Premium payment for age 65-69 is required as long as employment continues.

A rate chart showing total employee premiums for all combination of age, salary, and coverage level is available on ETF's Internet site at <http://etf.wi.gov> (ET-1705 for State employees; ET-1706 for local employees) or upon request. Rate changes will also be printed in the *Trust Fund News*, which is published three times a year and distributed to all WRS participants. Employers will receive rate information in future *Employer Bulletins*.

902 Spouse & Dependent Coverage Premium Rates

The premium for each unit of Spouse & Dependent coverage is \$1.75 per month for local government employees and \$2.00 per month for State employees, regardless of the number of dependents. Employees may choose one or two units of coverage. (Refer to subchapters 303 and 405 for more information on Spouse & Dependent coverage.) There is no required employer contribution toward Spouse & Dependent premiums.

903 Required Contributions from State Agencies

In addition to the premium amount deducted from the employee's earnings, the State contributes toward the cost of the Basic and Supplemental Plans for active employees until they reach age 70. There is no employer contribution for Spouse & Dependent, Additional, and Age 70 and Over Additional coverage, or for retired employees who are under age 65 and have continued coverage. The State's cost for Basic insurance is equal to 63% of the employee premium; for every \$1.00 of employee premium, the State contributes an additional \$.63. The State pays an additional 35% for Supplemental insurance.

904 Required Contributions from Local Government Employers

Wis. Stat. § 40.05 (6) (e), requires that each employer contribute toward the total cost of the premium for Basic coverage for active employees until they reach age 70. No employer contribution is required for Supplemental, Additional, Age 70 and Over Additional or Spouse & Dependent coverage. Please note that the employer may pay any employee premiums either entirely or in part. (Refer to subchapter 908.)

Local government employers are currently required to pay an amount equal to 20% of the employee Basic contribution if 25% post-retirement benefits are provided, or 40% of the employee Basic contribution if 50% post-retirement benefits are provided. (Refer to subchapter 906.)

905 Annual Premium and Coverage Changes

Unless otherwise authorized by the Group Insurance Board, premium amounts are recalculated each year effective for the March coverage month for State employees and the July coverage month for local employees. Since premiums are normally deducted from the employee's salary two months in advance, a State employee will

see the new premium amount on their late January or early February pay check. A local employee will see the change in May or June.

Coverage amounts for both State and local government employees increase on January 1, based on the prior year's annual earnings, even though the premium does not increase until the March or July coverage month. In addition, premiums may increase or decrease under the following circumstances.

A. Increases or Decreases as Authorized by the Group Insurance Board.

The Group Insurance Board may authorize increases or decreases in premium levels.

EXAMPLE: In 2007, the premium for Basic coverage for a local government employee age 50 to 54 was \$0.29 per \$1,000 of coverage. In 2008, the premium decreased to \$0.27 per \$1,000. A local employee, age 53, with \$30,000 in Basic coverage paid \$8.70 in December 2007 for February 2008 coverage, but only \$8.10 in January 2008 for March 2008 coverage.

B. Decreases in Coverage Related to Employee's Actual Earnings or Election to Reduce Coverage.

1. Coverage decreases if an employee's actual earnings for the full calendar year are less than the estimated earnings used when coverage began. (Refer to subchapter 801.)

EXAMPLE: Beginning in November 2007, a new State employee had \$32,000 in Basic coverage based on estimated earnings of \$31,200. In 2008 the actual annual earnings were \$30,500. Basic coverage amount is \$31,000 beginning on January 1, 2009. Premiums on the new amount are deducted in January for the March coverage month.

2. An employee may elect to decrease their coverage if their actual earnings for the most recent full calendar year are less than their current coverage. (Refer to subchapter 804 for information on Election to Reduce Coverage.)

C. Change in Employee's Age Category.

Whenever an employee changes to a higher age category, the premium may change. A premium rate change due to age is made on March 1 for State employees or July 1 for local employees. The age of an employee on March 1 or July 1 always determines the age category at which premium is charged, even if the employee is newly insured. This practice maintains a consistent premium rate for all employees, regardless of their birth date or when they joined the plan.

EXAMPLE: An insured local government employee turns age 40 on August 30, 2008. Beginning with the July 2009 coverage month, premiums will be based on the rate for ages 40 through 44. A premium change will usually occur in May 2009 for July 2009 coverage.

EXAMPLE: A new State employee is first eligible for insurance on May 1, 2008. Although the employee turned age 45 on March 13, 2008, premium rates will be based on age 44 as of March 1, 2008. The employee will pay premium at the age 40-44 category rate until March 1, 2009.

906 50% Post-Retirement Benefit Employer Contribution – Local Government Employers

As discussed in subchapter 904, local government employers are required to contribute at least 20% of the employee Basic contribution if 25% post-retirement benefits are provided. A local government employer may elect by resolution the higher 50% post-retirement benefit for their employees, which then requires the employer pay an amount equal to 40% of the employee contribution for Basic coverage [Wis. Stat. §§ 40.72 (2) and 40.72 (3)].

A resolution by a local government employer to increase post-retirement benefits must be made for all their insured active employees who have not attained age 70 on or before the effective date of the resolution. The change in the post-retirement coverage becomes effective the first day of the fourth month following receipt of the resolution submitted to ETF. Employees who have already retired, and those on a disability waiver of premium, would not be affected by this change. (Refer to the sample resolution in subchapter 907.)

907 Resolution to Provide 50% Post-Age 65 Coverage for Eligible Employees (ET-1303)

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

RESOLUTION FOR INCLUSION UNDER GROUP LIFE INSURANCE

RESOLVED, by the _____ of the _____ of _____
(Governing Body) (Employer Legal Name)
that pursuant to the provisions of Chapter 40 of the Wisconsin Statutes such _____ hereby determines
(Governing Body)
to be included under the following Group Life Insurance program(s) provided by Chapter 40 of the Wisconsin Statutes for its eligible personnel:

Check box(es) for coverage desired:

- ☐ Basic Group Life Insurance
☐ Supplemental Group Life Insurance

Additional Group Life Insurance

- ☐ Unit 1
☐ Units 1 and 2
☐ Units 1, 2 and 3

- ☐ Spouse & Dependent Group Life Insurance
☐ Amount of insurance for any insured employee who attains age 65 on or after
the effective date of this resolution shall be 50% rather than 25%

BE IT FURTHER RESOLVED, that the proper officers are herewith authorized and directed to take all actions and make such deductions and submit such payments as are required by the Group Insurance Board of the State of Wisconsin to provide such group life insurance.

BE IT FURTHER RESOLVED, that the _____ WRS Agent submit a certified copy of this resolution
(Employer Name)
to the State of Wisconsin Department of Employee Trust Funds.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the
_____ of the _____ of _____ on the ____ day of _____,
(Governing Body) (Employer Name)
_____, and that said resolution has not been repealed or amended, and is now in full force and effect. Dated this ____ day of _____,
_____.

I understand that Wis. Stat. 943.395 provides criminal penalties for knowingly making false and fraudulent statements on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.

Employer Identification Number (EIN) 69-036-

WRS Agent Signature Title

Mailing Address

Telephone Number ()

Number of eligible employees: _____

The resolution shall be effective on the 1st of the 4th month after receipt in the office of the Department of Employee Trust Funds

For ETF Use Only
EFFECTIVE DATE OF COVERAGE ENTERED BY ETF:

ET-1303 (REV 10/07)

908 Local Government Employers Resolution to Pay Total Premium for All Employees

Local government employers may resolve to pay the entire premium for all employees under Wis. Stat. § 40.05 (6) (e). A *Resolution to Pay Entire Premium* (ET-1301), which includes affirmation that the election has been made by the governing body of the employer to pay 100% of premiums for one or more of the coverage plans, must be submitted to ETF. (Refer to the sample resolution in subchapter 909.)

Following such resolution, all eligible employees who had previously declined or canceled Group Life Insurance coverage may now apply for coverage. A *Life Insurance Application/Cancellation/Refusal* (ET-2304) must be completed for each eligible employee actively employed on the date the resolution goes into effect. Coverage will be effective the first of the month that the resolution becomes effective or the first of the next month following receipt of the notice by ETF, whichever is later. (This provision is an exception to Wis. Stat. § 40.70 (6), which requires employees who do not apply for coverage within six months of becoming eligible or employees who cancel one or more types of coverage to furnish evidence of insurability upon application or re-application.)

If an employer provides Basic, Supplemental and Additional Group Life Insurance coverage and files a resolution to pay 100% of the premium for Basic only, employees who previously declined Basic are eligible to apply for Basic coverage. Evidence of insurability is required for Supplemental and/or Additional coverage.

The resolution will not apply to any participating employee who has attained age 70 prior to the date the employer's election is made effective.

If the employer files a resolution to pay the total premium for coverage other than Basic coverage, only employees who currently have Basic coverage will be eligible to apply for more coverage because Basic coverage is a prerequisite for all others.

A copy of the *Employer Resolution to Pay Entire Premium* can be requested from ETF; found in the booklet, *How to Become a Participating Employer Under the Wisconsin Public Employers' Group Life Insurance Program* (ET-1107); or downloaded from ETF's Internet site at <http://etf.wi.gov>.

Local government employers may choose to pay all or part of the employee premium for some of their employees but not for all of their employees; they do not need to file a resolution. In this situation, applications filed by employees declining coverage remain in effect. The usual procedure of submitting evidence of insurability must be followed for those employees wishing to become insured.

909 Resolution to Pay Entire Premium (ET-1301)

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

EMPLOYER RESOLUTION TO PAY ENTIRE PREMIUM FOR:

Check box(es):

- ☐ Basic Group Life Insurance
- ☐ Supplemental Group Life Insurance
- ☐ Additional Group Life Insurance
- ☐ Unit 1
- ☐ Units 1 & 2
- ☐ Units 1, 2, & 3
- ☐ Spouse and Dependent Group Life Insurance

I hereby certify that pursuant to Wis. Stat. 40.05 (6)(e), a resolution to pay the entire group life insurance premium for the plan(s) indicated above was duly made by the

(Governing Body)

of the _____
(Employer Name)

Employer Identification Number (EIN): 69-036- on _____
(Date Action Taken)

I understand that Wis. Stat. 943.395 provides criminal penalties for knowingly making false or fraudulent statements on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.

Date (MM/DD/YYYY)	WRS Agent Signature	Title

(For ETF use only)

Effective Date of Coverage entered by ETF: _____

ET-1301 (REV 03/2004)

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

CHAPTER 10 – STATE PREMIUM REPORTING AND REMITTANCE

- 1000 Monthly Premium Collection, Remittance, and Reporting Summarized**
- 1001 Completing the *Group Life Insurance Collection Report***
- 1002 *Group Life Insurance Collection Report* (ET-1610)**
- 1003 Submitting Premiums to ETF**
- 1004 Premium Reporting and Membership Data Base System Summary (Central Payroll and UWHC Only)**
- 1005 Completing and Submitting the *Cash Collections/Refunds Report***
- 1006 *Cash Collections/Refunds Report***
- 1007 MLIC Reports (State Agencies on Central Payroll and UWHC only)**
- 1008 New Enrollments – Report A**
- 1009 Terms/Death/LOA/Retirements/Cancel – Report B**
- 1010 Premium Received/Coverage Not Found on MLIC System – Report C**
- 1011 Premium Not Received/Participant or Coverage Exists on MLIC System – Report D**
- 1012 Premium Error Report (Mismatch) – Report E**

1000 Monthly Premium Collection, Remittance, and Reporting Summarized

Life insurance premiums are withheld from employees' earnings each month. Premiums are collected two months in advance and remitted to the Department of Employee Trust Funds (ETF) one month in advance of the coverage month. Employees on leave of absence (LOA) or layoff must prepay premiums for continued insurance coverage. Pre-paid premiums should be reported on the *Cash Collections/Refund Report* to Minnesota Life Insurance Company (MLIC) for these employees. (Refer to subchapters 1005 and 1006 for details on completing and submitting the *Cash Collections/Refund Report*.)

Examples of premiums collection:

EXAMPLE 1: Premium deducted from the February 8, 2008 biweekly payroll ("B" payroll for State agencies) is for April 2008 coverage and must be remitted to ETF by March 20, 2008.

EXAMPLE 2: Premium deducted from the February 1, 2008 monthly payroll is for April 2008 coverage and must be remitted to ETF by March 20, 2008.

The following steps summarize the monthly premium collection, remittance and reporting of life insurance premiums:

1. Deduct the employee share of premium from paycheck.
2. Collect premiums from employees on leave of absence or layoff, if necessary.
3. Complete the *Group Life Insurance Collection Report* (ET-1610).
(Refer to subchapters 1001 and 1002.)
4. Prepare a check or WiSMART payment voucher(s) for the amount entered in the “Total Remittance” box on the *Group Life Insurance Collection Report*.
(Refer to subchapter 1003.)
5. Make a photocopy of the *Group Life Insurance Collection Report* for your records.
6. Send a check or WiSMART payment voucher(s) along with the *Group Life Insurance Collection Report* to ETF. (Refer to subchapter 1003.)
7. Agencies on Central Payroll and University Hospital and Clinics (UWHC) complete a *Cash Collections/Refunds Report*, if necessary, and send it to MLIC.
(Refer to subchapters 1005 and 1006.)
8. Following each payroll cycle with life insurance deductions, review the exception reports sent by MLIC and resolve any discrepancies prior to the next life insurance premium deduction. (Refer to subchapters 1007 - 1012.)

1001 Completing the Group Life Insurance Collection Report

Each State agency representative must prepare a *Group Life Insurance Collection Report* (ET-1610) to compute the State contribution and arrive at the total remittance amount. (Refer to subchapter 1002 for a copy of the report.)

- A. Indicate the total amount of employee deductions for each coverage type (Basic, Supplemental, Additional, Spouse & Dependent, Age 70 and Over Additional).
 1. Multiply the employee deductions for each plan by the corresponding percent of State contributions to arrive at the State share amount.

To properly compute the State contribution, it is necessary for each agency to prepare the *Group Life Insurance Collection Report* and distribute the employee contribution by the plan type (i.e., Basic, Supplemental, Additional, Spouse & Dependent, Age 70 and Over Additional). Any prior month adjustments and premiums from employees on leave of absence or layoff must be included in the appropriate category. The breakdown of total employee and State contributions by coverage type must equal the amount actually remitted. (Refer to subchapter 903 for additional information.)

2. Enter the total remittance amount equal to the employee deduction plus the State share on the report. This total remittance amount must equal the amount actually remitted to ETF via check and/or WiSMART payment voucher(s).

Note: The total State contribution shown on the Central Payroll Processing Center report may not exactly equal the indicated percentage calculation. Therefore, State agency representatives may need to use discretion in allocating any minor differences to the various types of coverage.

- B. Indicate the total amount of cash collected from participants appealing their removal or discharge from employment. These participants must pay both the employee and the employer share of premium; therefore, do not add an additional State share. Agencies on Central Payroll and UWHC must complete a *Cash Collections/Refund Report* for any transactions not processed on the normal biweekly payroll cycle. (Refer to subchapters 1005 and 1006 for further information.)

Group Life Insurance
Chapter 10 – State Premium Reporting and Remittance
Page 4



1002 Group Life Insurance Collection Report (ET-1610)

Department of Employee Trust Funds
 801 W. Badger Road
 PO Box 7931
 Madison WI 53707-7931

GROUP LIFE INSURANCE COLLECTION REPORT

Wis. Stat. § 40.06

Employer Name		Coverage Month	Employer No. 69-036-
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	Coverage Type	Employee Deductions	% State Contributions	State Share
ALL STATE EMPLOYEES	Basic		x 63% =	
	50% Supplemental		x 35% =	
	100% Supplemental		x 35% =	
	Spouse & Dependent Children		 	
	Additional			
	Age 70 & Over			
TOTALS		(1)		(2)
TOTAL REMITTANCE		(1 + 2)		

CASH COLLECTIONS Indicate the total amount of cash collected from participants appealing removal or discharge in the box to the right. This amount should not have an associated State Share. All adjustments, refunds and cash collections must be included in the appropriate boxes above.	\$
---	----

I hereby certify that the above information is a correct and complete report of life insurance premiums for all eligible participating employees during the month indicated and paid by the remittance listed. I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

Date (MM/DD/CCYY)	Prepared By	Phone No. ()
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Write or type PV Numbers. Send no paper PV's to ETF. (Use back of form if needed.)

ET-1610 (REV 09/2003)

1003 Submitting Premiums to ETF

After completing the *Group Life Insurance Collection Report* (ET-1610), some State agencies send payment vouchers through WiSMART, while other agencies submit a check.

➤ Agencies on WiSMART

Screen print the first page of each WiSMART payment voucher, or create a list of payment vouchers showing the transaction date, agency number, transaction number, batch number (if any) and the amount. The total of the payment vouchers must equal the total remittance on the *Group Life Insurance Collection Report*.

➤ All others not on WiSMART

Prepare a check for the total remittance shown on the *Group Life Insurance Collection Report*.

Submit the *Group Life Insurance Collection Report* and payment using one of the following methods:

- Mail to: Department of Employee Trust Funds
P O Box 7931
Madison WI 53707-7931
- Deliver to: Department of Employee Trust Funds
801 West Badger Road
Supply and Mail Services
Madison, Wisconsin
- Deliver to the downtown drop-off site:
Department of Employee Trust Funds
DOA Drop-off Site
5th Floor
101 East Wilson Street
Madison, Wisconsin

Note: ETF will pick up materials from the drop-off site each day at 12:30 p.m. Any reports left at the drop-off site after 12:30 p.m. will be considered received at ETF the following day.

ETF will audit the entries on the *Group Life Insurance Collection Report* with either the WiSMART transfer total or the check amount, and verify that the funds have been successfully transferred to ETF. If correct, the *Group Life Insurance Collection Report* will be retained by ETF. If the total amount is incorrect, ETF will contact the State agency payroll representative for an explanation.

1004 Premium Reporting and Membership Data Base System Summary (Central Payroll and UWHC Only)

MLIC maintains a life insurance premium reporting and membership database for employees on the State's Central Payroll system and University of Wisconsin Hospital and Clinics to ensure that each employee is paying the correct amount of premium for the coverage elected.

The following summary describes the process used by MLIC to report and reconcile premium payments:

- A. MLIC will update the membership database from information received on valid application forms and from information submitted on the monthly *Cash Collections/Refunds Report*. (Refer to subchapters 1005 and 1006.)
- B. Within two days of processing the payroll with life insurance premium deductions, the payroll-processing center will create and send an electronic file to MLIC that will be used to update the database. The report includes life insurance transactions that have occurred since the last pay period in which life insurance deductions were taken.
 1. The following payroll transactions are reported to MLIC:
 - Normal Termination
 - Retirement
 - Death
 - Leave of Absence Begin
 - New Employee to the Plan
 - Regular Premium Deductions
 - Cancellation of all coverage
 - Adjustments taken or refunded
 - Secondary Level Change
 - Transfer Into an Agency
 - Transfer Out of an Agency
 2. The monthly transaction report will not include employees who return from a leave of absence. MLIC will know the employee returned to active employment when a regular transaction is again reported. If the employee does not return from the leave of absence, a termination transaction with the employee's inactive code effective date will be included on the monthly report from the payroll processing centers.
- C. After all monthly payroll transactions have been posted to participants' accounts, MLIC will compare the data that they received from the payroll processing centers with their database.
- D. MLIC will send exception reports to State agencies that will identify discrepancies between the premium that MLIC received and the amount they expected. (Refer to subchapter 1007.)

E. Resolving Exception Report Discrepancies

1. MLIC will review the exception reports prior to sending them to the agency representative. If MLIC is able to identify and resolve discrepancies via information received on the monthly *Cash Collection/Refund Report* or on life insurance applications, the employee will be crossed off the list prior to sending the report to the agency.
2. When MLIC is aware that an employee is on leave of absence and has paid in advance, it is noted on their system and the employee will not appear on future exception reports.
3. If there are still discrepancies after MLIC has reviewed and resolved any identifiable discrepancies, the reports are sent to the agency payroll representative for review and resolution.
4. The agency payroll representative should review the discrepancies to identify and correct the cause of the problem(s) before the next payroll deduction. The corrected reports may be returned to MLIC via mail or FAX. If the corrections are few, the payroll representatives may call or e-mail MLIC with the information.

F. State agency representatives should take the following steps each month to properly report premium deductions and avoid discrepancies:

1. Report employee WRS enrollments and terminations in a timely manner.
2. Submit employees' completed *Life Insurance Application/Cancellation/Refusal* (ET-2304) forms to ETF as soon as possible. MLIC will set up the employee's record in their database with a future effective date.

Note: Coverage cannot become effective until the WRS enrollment has been reported to ETF.

3. Use the correct employer payroll life action codes when completing all payroll transactions. The employer payroll life action codes must be correct to provide MLIC with accurate information.
4. Complete the *Cash Collections/Refunds Report* for all transactions that are not included on the payroll and submit it to MLIC by the 20th of each month. (Refer to subchapter 1005.)
5. Promptly review the exception reports generated after each payroll with life insurance premium deductions, and resolve discrepancies with MLIC.
6. Become familiar with the rules for terminating and retiring employees for group life insurance purposes. (Refer to Chapter 16.)

- G. MLIC will update insured employees' coverage amount and premium annually in January (for March coverage) based on information received from the payroll processing centers and ETF. (Refer to subchapter 905 for more information about annual changes in coverage.)

1005 Completing and Submitting the *Cash Collections/Refunds Report*

Any premium payments or refunds that are not processed through the payroll system must be reported to MLIC on the *Cash Collections/Refunds Report*. Refunds may be necessary, retroactive to the period during which the error occurred. (Excess premium refund information may be found in subchapter 900.)

Examples of transactions that should be reported on the *Cash Collections/Refunds Report* include:

- Cash premium collections from employees on leave of absence or layoff
- Refunds made via WiSMART
- Premiums taken on a manual payroll
- Premiums refunded via check/advice cancellation

MLIC will post the cash collections and refunds to each employee's record prior to posting the premiums that were deducted via the next monthly payroll.

The following is an explanation of the *Cash Collections/Refunds Report*. The letters below correspond to the circled letters on the sample found in subchapter 1006.

- A. Indicate the month for which the report is being submitted, the agency name, and the ETF EIN number beginning with 0001 followed by a three-digit unit number. (e.g., ETF's EIN = 0001-110)
- B. Enter the name and Social Security number of each employee for whom a refund or cash collection has been made.
- C. Enter the code designating the reason an adjustment is being made. Refer to the list of codes at the bottom of the form:
 P = Payment while on Leave of Absence (LOA) without Pay or Layoff and Prepayments
 M = Premium Paid through Manual Payroll
 R = Refunds/Redeposits - Use a minus (-) sign to indicate a refund.
- D. Enter the amount of Basic coverage.
- E. Enter the coverage months for which premium is being collected or refunded. If an employee is paying for several months, indicate which month(s) the premium is for.
- F. Enter the amount of Basic premium.

- G. Enter the amount of Supplemental premium and indicate whether or not it is 50% Supplemental.
- H. Enter the total amount of Additional premium. If an employee has two or three levels of Additional coverage, enter the combined amount of all levels.
- I. Enter the total amount of Spouse & Dependent coverage. If an employee has two levels of Spouse & Dependent coverage, enter the total amount of both levels.
- J. Add the total amount of Basic, Supplemental, Additional and Spouse & Dependent premium being reported for each employee.

Send (mail, fax, or e-mail) the completed *Cash Collections/Refunds Report* to MLIC no later than the 20th of each month:

Minnesota Life Insurance Company
P O Box 259708
Madison WI 53725-9708

FAX: (608) 277-8665
E-mail: jody.white@securian.com

Agencies may wish to prepare their reports as an Excel spreadsheet and send it as an e-mail attachment. Contact MLIC at the above address or call MLIC at (608) 277-8690 to obtain the form in electronic Excel format.

MINNESOTA LIFE INSURANCE
PO Box 259708
Madison, WI 53725-9708
Phone (608) 277-8690 x105
Fax (608) 277-8665
E-mail: jody.white@securian.com

#ATT#

A

Month: [illegible]

Reason for Adjustment:
 Payment while on Leave of Absence
 without pay (and prepayments)
 Premium Paid through manual payroll
 Refunds/Redeposits

1007 MLIC Reports (State Agencies on Central Payroll and UWHC only)

After the monthly transactions have been posted to participants' accounts, MLIC compares the data received from the payroll processing centers with the MLIC database. Reports are produced for informational purposes and to identify discrepancies between what MLIC received and what was expected. These reports are sent to the State agencies on Central Payroll and UWHC:

- Monthly Premium File New Enrollments – Report A
- Monthly Premium File Terms/Death/LOA/Retirements/Cancel – Report B
- Monthly Premium Error Report Premium Record Was Received From Client Participant/Coverage Not Found On MML System – Report C
- Monthly Premium Error Report Premium Record Was Not Received From Client Participant/Coverage Does Exist on MML System – Report D
- State Agency Monthly Premium Error Report for Coverage Month of: MM/CCYY – Report E

1008 New Enrollments – Report A

This report lists any employee at the agency/secondary level who is new to the Life Insurance program and who has enrolled during the prior month. Employees that transfer between State agencies within a payroll-processing center will not appear on this report. Employees who transfer from outside the payroll-processing center (such as the University of Wisconsin) will be included on this report. The information on this report is generated from the premium file submitted by payroll processing. Each insurance plan (i.e., Basic, Supplemental, Additional, Spouse & Dependent) is listed separately, so the same employee could appear on the report up to four (4) times.

STATE AGENCIES - MONTHLY PREMIUM FILE
NEW ENROLLMENTS
REPORT A

NOVEMBER 2007

SSN	EIN	Agency	Tran Type	Coverage		First Name	Last Name	Insurance		Coverage Effective Date
				Type	Code			Amount		
xxx-xx-xxxx	xxxx	xxx	0060	BASIC	01	first name	last name	30000		10/01/2007
xxx-xx-xxxx	xxxx	xxx	0060	SUPPL	45	first name	last name	30000		10/01/2007
xxx-xx-xxxx	xxxx	xxx	0060	BASIC	01	first name	last name	45000		11/01/2007
xxx-xx-xxxx	xxxx	xxx	0060	SPOUS	47	first name	last name	20000		11/01/2007
xxx-xx-xxxx	xxxx	xxx	0060	SUPPL	45	first name	last name	45000		11/01/2007
xxx-xx-xxxx	xxxx	xxx	0060	ADDIT	47	first name	last name	90000		11/01/2007

1009 Terms/Death/LOA/Retirements/Cancel – Report B

This report lists any employee at the agency/secondary level who has terminated life insurance coverage. The information on this report is generated from the premium file submitted by payroll processing. Employees are listed only once on this report.

The following transactions will be reported:

- Normal Termination
- Retirement
- Death
- Cancellation of all coverage
- Leave of Absence Begin Date

STATE AGENCIES - MONTHLY PREMIUM FILE
Termination/Death/Retirement/Cancellation/LOA
REPORT B

NOVEMBER 2007

SSN	EIN	Agency	First Name	Last Name	Tran Type	Date of Occurrence	Reason
xx-xx-xxxx	xxxx	xxx	first name	last name	0001	09/17/2007	TERMINATION
xx-xx-xxxx	xxxx	xxx	first name	last name	0001	08/23/2007	TERMINATION
xx-xx-xxxx	xxxx	xxx	first name	last name	0054	10/05/2007	LOA-NO PREMIUM
xx-xx-xxxx	xxxx	xxx	first name	last name	0005	09/06/2007	RETIREMENT
xx-xx-xxxx	xxxx	xxx	first name	last name	0006	10/02/2007	TERM/DEATH
xx-xx-xxxx	xxxx	xxx	first name	last name	0054	11/01/2007	LOA-NO PREMIUM

1010 Premium Received/Coverage Not Found on MLIC System – Report C

The premium error report lists employees for whom a life insurance premium was deducted, but MLIC does not have a record of it on its database. The report contains four columns: Basic, Spouse & Dependent, Supplemental and Additional. A “Y” will appear in the column of the coverage(s) for which premiums were received in error.

The report is produced when an employee completes a *Life Insurance Application/Cancellation/Refusal* (ET-2304) or *Evidence of Insurability Application* (ET-2305) that has been approved but the information is not entered in the MLIC database. When this happens, provide a copy of the completed application or evidence of insurability form to MLIC showing coverage is in effect. Once coverage has been verified, MLIC will update the database. If valid proof is not obtained, coverage is not in effect and any premiums taken in error must be refunded.

EXAMPLE: According to MLIC records, employee has Basic and Supplemental insurance. However, premium is also received for Additional and Spouse & Dependent coverage. MLIC has not yet received an approved enrollment form for Additional and Spouse & Dependent coverage, so the letter “Y” will appear in the “SPDEP” & “ADDL” columns indicating that MLIC was not expecting these premiums.

STATE AGENCIES - MONTHLY PREMIUM FILE									
PREMIUM WAS RECEIVED BUT MINNESOTA LIFE DOES NOT HAVE EMPLOYEE ON FILE WITH THAT COVERAGE TYPE(S)									
REPORT C									
NOVEMBER 2007									
Coverage									
SSN	EIN	Agency	Basic	Sp/Dep	Supp	Add'l	Month	Last Name	First Name
xxx-xx-xxxx	xxxx	xxx		4.00			11/01/2007	last name	first name
xxx-xx-xxxx	xxxx	xxx	2.05	2.00	2.05		11/01/2007	last name	first name
xxx-xx-xxxx	xxxx	xxx		2.00			11/01/2007	last name	first name
xxx-xx-xxxx	xxxx	xxx			3.15	9.45	11/01/2007	last name	first name
xxx-xx-xxxx	xxxx	xxx	1.05		1.05	1.05	11/01/2007	last name	first name
xxx-xx-xxxx	xxxx	xxx	4.12		4.12		11/01/2007	last name	first name

1011 Premium Not Received/Participant or Coverage Exists on MLIC System – Report D

This report lists employees for whom MLIC was expecting a premium but none was received. This may occur when an employee goes on a leave of absence (LOA) and premiums are not prepaid. It also occurs if the employee is not paid and a manual payroll is going to be done, etc. A “Y” will appear in the column of the type of insurance coverage for which premiums were expected but not received.

Avoid receiving this error report by reporting any deductions taken on a manual payroll or payments received via a personal check on the *Cash Collections/Refunds Report*. (Refer to subchapter 1005.) Information reported on the *Cash Collections/Refunds Report* and received by MLIC prior to the 20th of the month is posted to the database prior to posting the monthly transaction report.

Cash payments received after the *Cash Collections/Refunds Report* has been submitted to MLIC may be included on the next *Cash Collections/Refunds Report*. MLIC will then update their records.

STATE AGENCIES MONTHLY PREMIUM ERROR REPORT
PREMIUM RECORD WAS NOT RECEIVED FROM CLIENT
PARTICIPANT/COVERAGE DOES EXIST ON MML SYSTEM
REPORT D

10:39 Friday, April 6, 2001 1

----- EIN=1114 AGENCY= / -----

SSNO	EIN	AGENCY	BASIC	SPDEP	SUPPL	ADDL	COMMONTH	LNNAME	FNNAME	MNAME	GENDER	BIRTH
999999999	1114		Y	Y	Y	Y	05/01/2001	LAST NAME	FIRST	M	F	07/04/1976
999999999	1114		Y	Y	Y	Y	05/01/2001	LAST NAME	FIRST	M	F	05/31/1957
999999999	1114		Y	Y	Y	Y	05/01/2001	LAST NAME	FIRST	M	M	07/30/1970
999999999	1114		Y	Y	Y	Y	05/01/2001	LAST NAME	FIRST	M	F	08/18/1959
999999999	1114		Y	Y	Y	Y	05/01/2001	LAST NAME	FIRST	M	M	07/30/1970
999999999	1114		Y	Y	Y	Y	05/01/2001	LAST NAME	FIRST	M	F	08/18/1959

1012 Premium Error Report (Mismatch) – Report E

This error report shows by employee where the premium amount received by MLIC does not match the expected premium amount. MLIC database contains the expected premium amount for each coverage type per employee. If a different premium amount is deducted from the employee, this error report is generated. The premium amount expected by MLIC appears in the column titled “ML PREM”. The premium amount sent by the State agency appears in the column titled “SA PREM”.

STATE AGENCIES - MONTHLY PREMIUM FILE
PREMIUM MISMATCH REPORT
REPORT E

PLEASE MAKE ADJUSTMENTS AS REQUESTED

If these adjustments are not going to be made, then please contact our office to let us know why.

NOVEMBER 2007

EIN	Agency	SSN	Last Name	First Name	Date of Birth	Insurance Amount		Basic		Supplemental		Additional		Spouse/Dependent		Comment
						MLIC	State	MLIC	State	MLIC	State	MLIC	State	MLIC	State	
xxxx	xxx	xxx-xx-xxxx	last name	first name	xx/xx/xx	30,000	2,05	2,50	2,05	2,50	4,15	8,30	2,00	4,00		
xxxx	xxx	xxx-xx-xxxx	last name	first name	xx/xx/xx	45,000	2,05	2,50	2,05	2,50	4,15	8,30	2,00	4,00		
xxxx	xxx	xxx-xx-xxxx	last name	first name	xx/xx/xx	25,000	2,05	2,50	2,05	2,50	4,15	8,30	2,00	4,00		
xxxx	xxx	xxx-xx-xxxx	last name	first name	xx/xx/xx	37,000	2,05	2,50	2,05	2,50	4,15	8,30	2,00	4,00		
xxxx	xxx	xxx-xx-xxxx	last name	first name	xx/xx/xx	68,000	2,05	2,50	2,05	2,50	4,15	8,30	2,00	4,00		

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

**CHAPTER 11 — LOCAL GOVERNMENT EMPLOYERS PREMIUM BILLING AND
REMITTANCE**

- 1100 Premium Billing and Remittance Instructions**
- 1101 Instructions for Completing Billing Totals Page**
- 1102 Instructions for Monthly Adjustments -
Additions/Paid In Advance**
- 1103 Instructions for Monthly Adjustments -
Deletes/Transfers/Name Change**
- 1104 Alphabetical Listing of Insured Employees**
- 1105 Monthly Billing Example**

1100 Premium Billing and Remittance Instructions

- A. Minnesota Life Insurance Company (MLIC) mails a billing to the employer prior to the first of each calendar month. Each billing will include the following:
(Refer to the Monthly Billing Example in subchapter 1105.)

- Billing Totals Page
- Monthly Adjustments Form (Side One - Additions/Paid In Advance and
Side Two - Deletes/Transfers/Name Change)
- Alphabetical Listing of Insured Employees
- Rate Table Page

Premiums are due for the coverage month indicated at the top of the Billing Totals Page. For example, a billing received by the employer about July 1 is for the coverage month of August. The due date for payment, the 20th of the month, appears at the bottom of the Billing Totals Page.

- B. Prior to the due date, the employer must:

1. Review the alphabetical list of insured employees for accuracy.
(Refer to subchapter 1104.)
2. Complete the appropriate sections of the adjustment pages to add, delete, or change information as appropriate if errors or omissions are found in the list of insured employees. (Refer to subchapters 1102 and 1103.)
3. Complete the "Billing Totals Page". (Refer to subchapter 1101.)
4. Copy the "Billing Totals Page" and adjustment sheets for your records.

5. Issue a check for the amount entered in the "Pay This Amount" box on the "Billing Totals Page" made payable to "Minnesota Life Insurance Company". The total amount remitted must equal the amount due from all billed units.
6. Send the remittance, along with the "Billing Totals Page" and the monthly adjustment sheets to:

Minnesota Life Insurance Company
P. O. Box 259708
Madison, WI 53725-9708

C. Adjustments

1. Adjustments made by the employer will be processed by MLIC and any necessary credits or back charges will appear on the next month's billing. If the correct premiums have been remitted and a valid life insurance application has been processed, MLIC will add new employees from the Additions page.
2. A valid application must be on file for all employees before coverage becomes effective. If MLIC does not have a valid life insurance application for any coverage that has been added via the billing adjustment sheet, the employee's name will appear on the next billing with the following notation: *"NOTE: INSURANCE APPLICATION HAS NOT YET BEEN APPROVED BY ETF - COVERAGE IS PENDING"*. Upon receipt of the valid application, this message will be deleted. If an application is not received after three months, the employee's name will be deleted and all premiums paid will be refunded to the employer.
3. MLIC will automatically change the employee premiums each year on the July 1 billing due to any or all of the following:
 - Changes in the amount of coverage due to an increase in the employee's earnings as reported by the employer.
 - Changes in the amount of premium due to the employee moving to a higher premium rate category based on age.
 - Changes in monthly premium rates as approved by the State Group Insurance Board. (Up-to-date premium rates can be found on ETF's Internet site at http://etf.wi.gov/members/benefits_life_ins.htm.)

Note: Changes will be reported on the updated Annual Renewal Census that is sent to employers each spring. Refer to Chapter 13 for more information regarding the Annual Renewal Census.

4. MLIC will automatically remove an employee and premium contributions from the billing beginning with the month in which an employee reaches their 70th birthday.

1101 Instructions for Completing Billing Totals Page

The following is an explanation of the Billings Total Page. The letters below correspond to the circled letters on the sample form in subchapter 1105.

A. Payments Received Since (Date)

This section shows the payments that have been received and processed by MLIC since the date indicated.

B. Current Billing - Employee Cost

This section shows the payment due based on the detail appearing on the alphabetical listing included in the billing packet.

C. Other: (From Your Monthly Adjustments Form)

Compute the net Additions and Deletions total for each coverage type by subtracting the Premium Credit shown on the Deletions page (refer to subchapter 1103) from the Premium Amount Owed shown on the Additions page (A1-A2, B1-B2, etc.) (Refer to subchapter 1102). Transfer the result to the appropriate column in the "Other" row on the Billing Totals Page. Show negative totals in parentheses.

D. Subtotals

Add/subtract any adjustments entered in the "Other" row from the "Employee Cost" and enter the total in the "Subtotal" for each type of coverage.

E. Employer Contribution (Basic coverage only)

Compute the employer contribution for Basic coverage by multiplying the Basic premium subtotal by the employer contribution percentage. (The amount of employer contribution is noted below the "Final Total" row.)

F. Final Total

Enter the totals of each column in the "Final Total" row. Add the final Basic, Supplemental, Additional, and Spouse & Dependent totals; then enter the grand total in the starred (****) box entitled "Pay This Amount".

(Refer to subchapter 1100 B. for remittance instructions.)

1102 Instructions for Monthly Adjustments - Additions/Paid In Advance

The "Additions/Paid in Advance" page of the Monthly Adjustments form is used to report employees who should be added to the billing. Normally upon receipt of a *Life Insurance Application/Cancellation/Refusal* (ET-2304) or approved *Evidence of Insurability Application* (ET-2305), MLIC will add the employee to the billing. If MLIC has not received the application in time for the monthly billing, the employer should add the employee information and include the premium in their remittance. This commonly occurs when a new employee is immediately eligible for life insurance coverage or when an employee who continued to pay premium while on leave of absence returns to work. If there is a specific billing question, call MLIC at (608) 277-8690. If there is a question on an employee's coverage, call ETF's Employer Communication Center locally at (608) 264-7900 or toll free at (888) 681-3952.

The following is an explanation of the "Additions/Paid in Advance" form, found on page 2, side 1 of the billing sample. (The letters below correspond with the letters on the sample form in subchapter 1105.)

- A. The **coverage month** and **year**, the employer's **unit name** and **unit number** appear at the top of the report.
- B. Enter the employee's **Social Security number**, **name** and **date of birth**.
- C. Enter the **code** that corresponds to the appropriate **reason for addition**. Refer to the "Codes for Reason for Addition/Pd in Advance" printed on the lower right corner of the form to determine the correct code to use. When using "O-Other Specify", attach a separate detailed explanation.
- D. Enter the **effective date of addition** (MM/DD/CCYY). Refer to subchapter 605 J., to determine the correct date. If this is new coverage, the date should be identical to the effective date entered on the *Life Insurance Application/Cancellation/Refusal* or evidence of insurability approval *Notification of Underwriting Decision* (ET-2351). Do not use the date the form is completed.
- E. Enter the **annual earnings amount**. If this is new coverage, the amount should be identical to the annual earnings entered on the *Life Insurance Application/Cancellation/Refusal* or evidence of insurability approval *Notification of Underwriting Decision*. Place a check mark in either the "Estimate" or "Actual" **annual earnings box**. Refer to subchapter 605 Z., for details about determining the annual earnings.
- F. Enter the number of months for which premiums are owed, including current month, in the **# of months owed** column.

EXAMPLE: The employee's effective date is July 1 and the current billing month is August. Premiums are due for July and August. If the premiums did not appear on the July or August bill, record a "2" in this column.

G. Premium Amount Owed

- 1. Review the coverage types the employee has elected by referring to Section 2 of the *Life Insurance Application/Cancellation/Refusal*. Make sure the employee has elected only the coverage the employee is eligible for and the employer offers.
- 2. Determine the correct coverage amount for each elected coverage type. (Refer to Chapter 8 for more information on determining the coverage amount.)
- 3. Determine the premium amount for each elected coverage:

- Based on the age of each new employee as of the preceding July 1

AND

- Multiply the premium rate by the coverage amount. (A rate table of the most current rates is printed on the last page of the bill.)
4. Multiply the monthly premium contribution(s) for each coverage type by the "# of Months Owed" and record the total(s) amount for each coverage type in the appropriate section.

EXAMPLE: Employee has Basic Coverage Only
Age = 21 years on previous July 1
Monthly Premium Rate = \$.05 per thousand
Coverage Amount = \$21,000
Monthly Premium Contribution = \$1.05
2 Months Owed = \$2.10

- H. Add the premium amounts in each column of the **Total Debit** section and enter the grand total in the appropriate box A1 through D1.

1103 Instructions for Monthly Adjustments – Deletes/Transfers/Name Change

Use the "Monthly Adjustments-Deletes/Transfers/Name Change" form to report information for employees who should be removed from the billing. Deletions may be necessary when an employee terminates employment, retires, dies, is on an approved leave of absence or layoff without pay and discontinues coverage, cancels coverage, etc.

The following is an explanation of the "Deletes/Transfers/Name Change" form:
(The letters below correspond with the letters on the sample form in subchapter 1105 page 13.)

- A. Enter the employee's **Social Security number** and **Name**
 - B. **Actual Term Date** – Use the actual date the employee terminated employment, retired, died, etc., not the date the form was completed.
 - C. **Reason for Deletion** – Enter the code that corresponds to the appropriate reason for the delete. Refer to "Codes for Reason for Deletion" to determine the correct code to record. When using "O-Other Specify", attach a separate detailed explanation.
 - D. **Effective Date of Deletion** – The effective date is the first day of the month that premiums are no longer due. Enter the date the deletion becomes effective (MM/01/CCYY). Refer to Chapter 16 for specific examples.
1. **Terminations** – Premiums must be submitted for the month of termination (or discharge) and the following month before being deleted from the billing.

2. **Death** – Premiums are due through the month in which death occurs.
3. **Retirement**
 - **Under Age 65** – Coverage may continue for an annuitant with premium deducted from their WRS annuity. If retirement occurs between the 1st and the 10th of the month, premiums are due for the month in which retirement occurs plus the following month. If retirement occurs between the 11th and the last day of the month, premiums for Basic, Supplemental and Additional are due for the month in which retirement occurs plus the following two months. However, Spouse & Dependent premiums are due for the month of retirement and the following month. Refer to subchapter 1608 for more information about coordinating premium payment with annuity deductions.
 - **Age 65 or later** – All premiums cease at the end of the month in which retirement occurs. Only Basic coverage continues at a reduced amount.
4. **Cancellation of Basic, Supplemental, Additional, Spouse & Dependent Coverage** – Employees who wish to cancel coverage must complete and file a *Life Insurance Application/Cancellation/Refusal* with ETF to be removed from the billing. If an employee wishes to cancel coverage before coverage starts, the employer should immediately fax a copy of the *Life Insurance Application/Cancellation/Refusal* to MLIC at (608) 277-8665.
 - a. If canceling before coverage becomes effective, indicate N/A for the effective date.
 - b. If canceling after coverage becomes effective, coverage will cease on the last day of the month following the month the employer receives the form. The employee should be deleted from the billing the following month.

EXAMPLE: The employer receives a *Life Insurance Application/Cancellation/Refusal* on June 3. Coverage ceases July 31. The effective date of the deletion is August 1.
 - c. For Spouse & Dependent coverage only, the effective date of cancellation is the first of the month following the date the employee no longer has a spouse or dependent to insure.

Note: If cancellation is delayed, the effective date of cancellation cannot be earlier than January 1st of the year prior to the year during which the cancellation was filed with the employer.
5. **Approved Leave of Absence or Layoff - Without Pay**
 - a. Employees may choose to continue coverage for up to 36 months. A union service leave may be extended beyond the 36 months.

- b. Employees may choose to discontinue paying premiums during their leave. In this event, premiums are due for the month the leave or layoff began plus the following month. Coverage ceases at the end of the month through which premiums are paid. Indicate using the "LWP" (Leave Without Pay) code on the Adjustment Form - Deletions.

6. Disability

- a. Without Disability Premium Waiver – Treat like an ordinary unpaid leave. (Refer to No. 5 above.)
 - b. With Disability Premium Waiver – **Continue to pay premiums until notified that the Disability Premium Waiver is accepted and premiums have been waived.** Premiums cease the end of the month the Disability Premium Waiver becomes effective. If the waiver is approved before the employee has been deleted from the billing, MLIC will delete and refund any overpayment of premiums. (Refer to Chapter 14 for more information about disability premium waiver.)
- 7. Not Employed with the Employer** – Persons appearing on the billing who are not employees of the employer should be deleted with the notation that they are not employed with the employer.
- 8. Seasonal Employees** – Insured seasonal employees who are not scheduled to work and who do not wish to continue coverage when not working should be deleted. Premiums are due for the last month for which an employee received earnings and for the following month. **These employees may apply for coverage they previously had within 30 days of resuming employment.** (Refer to Chapter 509 for more information about seasonal employees.)

E. Enter the employee's Date of Birth

F. # of Months Credit – Enter the number of months that premiums have been overpaid. Premiums may have been overpaid if the effective date of the delete is prior to the current month's bill.

EXAMPLE: The employee's termination date is April 19. The effective date of the deletion is June 1. The current monthly billing is August. Any premiums collected for July and August should be refunded to the employee. If premiums appear on the August billing, record a "2" in this section.

G. Premium Credit – For each employee listed on the page, multiply the amount billed for each coverage type (from the alphabetical listing) by the number of months premium was overpaid and enter the total under the appropriate coverage type.

- H. **Total Credit** – Add the amounts in each column and enter the grand total in the appropriate box A2 through D2.
- I. **Transfers** – If an employee transfers to another billing unit within the same employer, enter the Social Security number, Name, Transfer Date, Unit From, and Unit To in the appropriate box. (A new employee who was previously insured by another employer should be treated as a new hire. Coverage does not transfer between employers.)
- J. **Name Change** – If an employee has a name change, enter the Social Security number, Previous Name, and Name Changed To in the appropriate box.

Note: Name changes must also be reported to ETF using an *Employee Identification Correction/Change* form (ET-2810).

1104 Alphabetical Listing of Insured Employees

The following is an explanation of the alphabetical listing found on the sample billing. The letters below correspond to the circled letters on the sample listing found in subchapter 1105, pages 14 & 15.

- A. The **Policy No.** of the Wisconsin Public Employers' Group Life Insurance Plan is 2832L-G.
- B. The **Unit No.** identifies the employer in the MLIC system.

Larger employers may wish to divide their billings by department or payroll section. MLIC will divide any billing the employer desires provided the employer representative furnishes information to create another billing unit for this employer and the employee information for the new unit. Generally a photocopy of the alphabetical section of the billing, with those persons highlighted who will be on the new unit billing, will be sufficient.

- C. The **ETF Empl Code** is the Employer Identification Number (EIN) beginning with 69-036-.
- D. The **Premium Billing For.** . . . is the month for which premiums remitted on this billing are due.
- E. The **SS# (Social Security number), Name, and Birth Date** are listed for each insured employee. The list includes any changes, additions, or deletions that were submitted on the previous month's billing adjustment sheets. Applications and cancellations that were received and processed by MLIC before the current monthly billing was printed are also included.

➤ Employees appearing on the billing for the first time will be printed in bold.

- Coverage for employees who were added as a result of the previous months adjustments, but for whom no application has been received will appear on the billing; however, coverage will not be in effect until the application is received and processed.
 - F. **Basic Prem** amount is the employee's share of the premium based on the employee's amount of coverage and age as of the preceding July 1. It does not include the employer's share of premium. The employer may pay all or part of the employee's share of premium; however, the billing is not changed to reflect this option.
 - G. **Suppl Prem** is the amount charged to the employee for Supplemental coverage. This is an employee pay-all benefit without an employer share. The employer may elect to pay all or part if this premium; however, the bill is not changed to reflect this option.
 - H. **Addl Prem** is the amount charged to the employee for Additional coverage. The number in parenthesis to the right of the premium reflects the number of units the participant has chosen for the Additional coverage. This increases the Additional coverage by the number of units indicated. This is an employee-pay-all benefit without an employer share. The employer may elect to pay all or part of this premium; however, the billing is not changed to reflect this option.
 - I. **Sp/Dep Prem** is the amount charged to the employee for Spouse & Dependent coverage. This is an employee-pay-all benefit without an employer share. The employer may elect to pay all or part of this premium; however, the billing is not changed to reflect this option. Employees may elect either 1 or 2 units of coverage.
 - J. **Total Prem** is the total premium for Basic, Supplemental, Additional, and Spouse & Dependent that is attributable to each covered employee.
- EXAMPLE:** On the August billing, the employee pays premium for the months of August through November. The billing for the months of September, October and November will reflect no premium due from the employee. This column will indicate that premiums are paid in advance through December 1. On the December billing, the employee will again be billed.
- K. **Remarks** column is used to alert employers to information about the employee that may affect their premium or coverage.
- EXAMPLE 1:** "AGE 66," in the remarks column indicates that the individual is over age 65, still employed, and paying premiums.
- EXAMPLE 2:** "NO PREMS AGE 70" indicates that the employee is age 70 and will cease to pay premium. The employee's Spouse & Dependent, Supplemental, and/or Additional coverage will cease and Basic coverage will reduce to the final reduction amount.

- L. The **Note**: at the bottom identifies the due date for premium payment. The due date is always the 20th of the month in which the billing is received.

EXAMPLE: The employer will receive the billing for August on or around July 1. The remittance must be received by MLIC by July 20.

- M. *****Back Charges, Credits and Messages***** are listed under the names of employees who owe additional premiums or have refunds due.

EXAMPLE: The employer receives the application for Spouse & Dependent coverage on December 29. Coverage is effective January 1. MLIC receives the application on January 20, too late to be added to the February billing. A message is added under the employee's name on the March billing with a brief explanation such as: "Adjustment; S/D coverage effective 01/01/2008; Prems due for 1/01 & 2/01; Evidence on file".

Note: A minus (-) to the left of the number indicates a credit.

1105 Monthly Billing Example
Billing Totals Page (Page 1)

PAGE 1
POLICY NO. 2832L-G
UNIT NO. 123456
ETF EMPL CODE 1234

MINNESOTA LIFE
P.O. Box 259708 - Madison, WI 53725-9708

WISCONSIN PUBLIC EMPLOYER GROUP LIFE PLAN
PREMIUM BILLING FOR NOVEMBER 2007

PAYMENTS RECEIVED SINCE 08/30/2007:

(A) BASIC 565.99

SUPPLEMENTAL 47.27
ADDITIONAL 332.00
SPOUSE/DEPENDENT 155.75

CURRENT BILLING:

(B) BASIC 512.08

SUPPLEMENTAL 47.27
ADDITIONAL 372.42
SPOUSE/DEPENDENT 159.25

(C) OTHER: (FROM YOUR MONTHLY ADJUSTMENTS FORM) (A1 - A2)

(C1 - C2) (D1 - D2)

(D) SUB TOTAL

(E) EMPLOYER CONTRIBUTION 20 *

*** CREDIT *** 0.00

(F) FINAL TOTAL

*
*
*
*
*

PAY THIS AMOUNT

* Your municipality pays an addl amt of 20% of basic premium to provide retirees with 25% reduction feature.

INCLUDE: (1) THIS BILLING TOTALS PAGE, (2) YOUR MONTHLY ADJUSTMENTS FORM, (3) CHECK FOR PREMIUM PAYMENT
AND SEND TO: THE MINNESOTA LIFE INSURANCE COMPANY
P.O. BOX 259708
MADISON, WISCONSIN 53725-9708
PHONE: (608)277-8690 FAX: (608)277-8695

JOHN DOE, BUSINESS MANAGER
TEST CASE SCHOOL DISTRICT
P. O. BOX 78
TEST CITY, WI 54545-5454

NOTE: BILLING AND PAYMENT MUST BE RECEIVED BY OCTOBER 20, 2007 OR A LATE PENALTY WILL BE ASSESSED.
F. 45087 Rev. 10-1998

Monthly Adjustments Form – Side One - Additions/Paid in Advance (Page 2)

MINNESOTA LIFE

MONTH NOVEMBER 2007

PAGE 2

MONTHLY ADJUSTMENTS FOR WISCONSIN
PUBLIC EMPLOYER GROUP LIFE PLAN

POLICY NO. 2832L-G

UNIT NAME TEST CASE SCHOOL DISTRICT

UNIT NUMBER 123456

REASON FOR ADDITION/PD ADVANCE +

REASON FOR BACKCHARGE/ CREDIT

SOCIAL SECURITY NUMBER	NAME (Last, First, MI)	DATE OF BIRTH	EFFECTIVE DATE OF ADDITION	ANNUAL EARNINGS		# OF MONTHS OWED	PREMIUM AMOUNT OWED (Multiply by # Months)					
				AMOUNT	ESTIMATE		ACTUAL *	BASIC	GROSS SUP	ADD'L PREMIUM	SP/DP PREMIUM	
A	(B)		(D)	(E)		(F)						
B												
C												
D												
E												
F												
G												
H												
I												
J												
TOTAL DEBIT							A1	B1	C1	D1		

FOR MBO USE ONLY

CODING	BACKCHARGE/ CREDIT AMOUNT				REASON FOR BACKCHARGE/ CREDIT
	BASIC	GROSS SUP	ADD'L PREMIUM	SP/DP PREMIUM	
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					

+ CODES FOR "REASON FOR ADDITION/PD ADVANCE"

A-NEW EMPLOYEE
L-RETURN FROM LEAVE OF ABSENCE WITHOUT PAY
R-REHIRE
I-REINSTATEMENT/DELETED IN ERROR
D-DISABLED-RETURNED TO WORK
RA-REHIRED ANNUITANT
O-OTHER SPECIFY
P-PAID IN ADVANCE

*** ONLY IF EMPLOYED FOR THE FULL PREVIOUS CALENDAR YEAR.**

"Remember to include this with Billing Total page and your payment."

Monthly Adjustments Form – Side Two - (Deletes/Transfers/Name Change) (Page 3)

DELETES										
SOCIAL SECURITY NUMBER	NAME (Last, First, MI)	ACTUAL TERM DATE #	REASON FOR DELETION +	EFFECTIVE DATE OF DELETION	DATE OF BIRTH	# OF MONTHS CREDIT	PREMIUM CREDIT (Multiply by # Months)			
							BASIC	GROSS SUP	ADD'L PREMIUM	
A	(A)	(B)	(C)	(D)	(E)	(F)		(G)		
B										
C										
D										
E										
F										
G										
H										
I										
J										
TOTAL CREDIT							A2	B2	C2	D2

FOR MBO USE ONLY									
CODING	BACKCHARGE/ CREDIT AMOUNT			REASON FOR BACKCHARGE/ CREDIT					
	BASIC	GROSS SUP	ADD'L PREMIUM						
A									
B									
C									
D									
E									
F									
G									
H									
I									
J									

TRANSFERS (I)				NAME CHANGE (J)	
SOCIAL SECURITY NUMBER	NAME (Last, First, MI)	TRANSFER DATE	UNIT FROM	UNIT TO	PREVIOUS NAME (Last, First, MI)

NAME CHANGE TO (Last, First, MI)	

+ CODES FOR "REASON FOR DELETION"

- T-TERMINATED/QUIT/DISCHARGED
- R-RETIRED
- CW-CANCELLED/WAIVED
- DIS-DISABLED
- DTH-DEATH
- O-OTHER SPECIFY
- LCL-LEAVE WITHOUT PAY, COVERAGE LAPSED
- LCC-LEAVE WITHOUT PAY, COVERAGE CONTINUED

"Remember to include this with Billing
Total page and your payment."

Group Life Insurance
Chapter 11 — Local Government Employers
Premium Billing and Remittance
Page 14

Alphabetical Listing of Insured Employees (Page 4)

MINNESOTA LIFE

P.O. Box 259708 • Madison, WI 53725-9708

WISCONSIN PUBLIC EMPLOYER GROUP LIFE PLAN

PAGE 3
POLICY NO. 2832L-G
UNIT NO. 123456
ETF EMPL CODE 1234

PREMIUM BILLING FOR NOVEMBER 2007

SS#	(M)	(E)	NAME	BIRTH DATE	BASIC INS AMT	(F)	BASIC PREM	(G)	SUPPL PREM	(H)	ADDL PREM	(I)	SP/DEP PREM	(J)	TOTAL PREM	(K)	REMARKS
-----	-----	-----	------	------------	---------------	-----	------------	-----	------------	-----	-----------	-----	-------------	-----	------------	-----	---------

999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	44,000	6.60	13.92	6.60	6.60	19.80	(3x)	3.50	3.50	36.50		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	48,000	13.92	20.68	13.92				3.50	3.50	17.42		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	44,000	20.68	20.68	20.68				3.50	3.50	24.18		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	25,000	7.25	7.25	7.25				3.50	3.50	24.18		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	12,000	3.48	3.48	3.48				3.50	3.50	7.25		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	32,000	1.60	3.48	1.60				3.50	3.50	6.96		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	34,000	2.04	3.48	2.04				3.50	3.50	8.30		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	20,000	1.80	2.04	1.80				3.50	3.50	4.08		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	43,000	3.01	3.01	3.01				3.50	3.50	3.55		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	24,000	14.40	12.76	14.40				3.50	3.50	9.52		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	44,000	12.76	13.05	12.76				3.50	3.50	17.90		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	42,000	13.05	13.34	13.05				3.50	3.50	16.26		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	46,000	1.65	13.34	1.65				3.50	3.50	13.05		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	11,000	2.22	2.22	2.22				3.50	3.50	13.34		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	37,000	6.60	6.60	6.60				3.50	3.50	5.15		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	26,000	12.22	12.22	12.22				3.50	3.50	5.15		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	44,000	6.15	19.43	6.15				3.50	3.50	6.19		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	41,000	1.55	1.55	1.55				3.50	3.50	27.94		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	67,000	20.21	20.21	20.21				3.50	3.50	10.10		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	31,000	1.50	43.00	1.50				3.50	3.50	7.90		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	43,000	1.50	43.00	1.50				3.50	3.50	61.79		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	30,000	1.98	33.00	1.98				3.50	3.50	11.25		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	33,000	9.01	17.00	9.01				3.50	3.50	20.21		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	18,000	1.62	18.00	1.62				3.50	3.50	8.00		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	17,000	6.11	13.00	6.11				3.50	3.50	1.98		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	13,000	2.34	13.00	2.34				3.50	3.50	12.51		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	26,000	1.08	12.00	1.08				3.50	3.50	8.36		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	12,000	14.50	12.00	14.50				3.50	3.50	9.61		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	50,000	4.35	50.00	4.35				3.50	3.50	2.34		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	15,000	1.65	15.00	1.65				3.50	3.50	1.08		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	33,000	2.40	33.00	2.40				3.50	3.50	18.00		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	16,000	10.80	16.00	10.80				3.50	3.50	7.85		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	33,000	7.20	33.00	7.20				3.50	3.50	1.65		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	33,000	5.94	33.00	5.94				3.50	3.50	13.10		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	72,000	13.63	72.00	13.63				3.50	3.50	8.91		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	47,000	12.47	47.00	12.47				3.50	3.50	57.50		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	43,000	6.90	43.00	6.90				3.50	3.50	44.39		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	46,000	3.50	46.00	3.50				3.50	3.50	15.97		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	50,000	8.41	50.00	8.41				3.50	3.50	13.80		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	37,000	2.10	37.00	2.10				3.50	3.50	21.00		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	29,000	22.56	29.00	22.56				3.50	3.50	3.33		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	14,000	0.72	14.00	0.72				3.50	3.50	20.32		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	48,000	21.15	48.00	21.15				3.50	3.50	26.06		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	45,000	6.45	45.00	6.45				3.50	3.50	6.38		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	43,000	7.95	43.00	7.95				3.50	3.50	24.65		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	53,000	5.22	53.00	5.22				3.50	3.50	29.30		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	18,000	1.80	18.00	1.80				3.50	3.50	35.30		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	36,000	22.56	36.00	22.56				3.50	3.50	8.72		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	48,000	0.55	48.00	0.55				3.50	3.50	7.15		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	11,000		11.00					3.50	3.50	71.18		
999999999	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY								1.75	1.75	2.30		

(L) NOTE: BILLING AND PAYMENT MUST BE RECEIVED BY OCTOBER 20, 2007 OR A LATE PENALTY WILL BE ASSESSED.

Rate Table (Page 5)

WISCONSIN PUBLIC EMPLOYER GROUP LIFE PLAN										PAGE 4
MINNESOTA LIFE										POLICY NO. 2832L-G
P.O. Box 259708 • Madison, WI 53725-9708										UNIT NO. 123456
PREMIUM BILLING FOR NOVEMBER 2007										ETF EMPL CODE 1234
SS#	NAME	BIRTH DATE	BASIC INS AMT	BASIC PREM	SUPPL PREM	ADDL PREM	SP/DEP PREM	TOTAL PREM	REMARKS	
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	46,000	6.90				6.90		
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	47,000	3.29				3.29		
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	14,000	4.06				4.06		
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	37,000	1.85		1.85 (1x)	3.50	7.20		
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	21,000	3.15			3.50	6.65		
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	27,000	7.83			3.50	11.33		
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	43,000	3.01	3.01	3.01 (1x)	3.50	12.53		
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	44,000	6.60			3.50	10.10		
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	44,000	3.96		3.96 (1x)	3.50	11.42		
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	40,000	18.80	18.80	56.40 (3x)	3.50	97.50		
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	44,000	26.40				26.40		
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	40,000	6.00		18.00 (3x)	3.50	27.50		
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	43,000	2.15		2.15 (1x)	3.50	7.80		
999999999	LAST, FIRST, MIDDLE NAME	MM/DD/CCYY	33,000	1.65		1.65 (1x)	3.50	6.80	NEW ADD	
TOTAL PREMIUM				512.08	47.27	372.42	159.25	1,091.02		

NOTE: BILLING AND PAYMENT MUST BE RECEIVED BY OCTOBER 20, 2007 OR A LATE PENALTY WILL BE ASSESSED.

F. 45087 Rev. 10-1998

Group Life Insurance
Chapter 11 — Local Government Employers
Premium Billing and Remittance
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Rate Table (Page 6)

PAGE 5
POLICY NO. 2832L-G
UNIT NO. 123456
ETF EMPL CODE 1234

MINNESOTA LIFE
P.O. Box 259708 • Madison, WI 53725-9708
WISCONSIN PUBLIC EMPLOYER GROUP LIFE PLAN
PREMIUM BILLING FOR NOVEMBER 2007

2007 MONTHLY RATE PER \$1,000 OF INSURANCE

Attained Age	Basic Plan	Supplemental*	Additional
Under 30	.05	.05	.05
30-34	.06	.06	.06
35-39	.07	.07	.07
40-44	.09	.09	.09
45-49	.15	.15	.15
50-54	.29	.29	.29
55-59	.47	.47	.47
60-64	.53	.53	.53
65-69	.60	.60	.60

NOTE: BILLING AND PAYMENT MUST BE RECEIVED BY OCTOBER 20, 2007 OR A LATE PENALTY WILL BE ASSESSED.
F. 45037 Rev. 10-1988

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

CHAPTER 12 — PREMIUM REPORTING AND REMITTANCE DEADLINES

- 1200 Due Dates**
- 1201 Late Interest Due**
- 1202 *Interest Due Notice (ET-1806)***
- 1203 *Sample Interest Due Notice (ET-1806)***

1200 Due Dates

Monthly Remittance Reports are due on the 20th day of the calendar month preceding the coverage month per Wis. Admin. Code ETF 10.63 (1) (d).

In addition, “Whenever the 20th day of the calendar month referred to in sub. (1) falls on a Saturday, Sunday or holiday on which state offices are closed, a report or remittance received on the first working day after the 20th day of the calendar month shall be deemed to have been received on a timely basis.” [Wis. Admin. Code ETF 10.63 (2)].

State agency *Group Life Insurance Collection Report* (ET-1610) and remittance must be received by 4:30 p.m. on or before the due date at ETF. Local government employers’ monthly billing coverage reports and premiums must be received by 4:30 p.m. on or before the due date at the Minnesota Life Insurance Company’s (MLIC) Madison office per Wis. Admin. Code ETF 10.82 (1) (a). Refer to the following chart to determine the due date.

COVERAGE MONTH	REPORT FILING DEADLINE*
January	20 th of December
February	20 th of January
March	20 th of February
April	20 th of March
May	20 th of April
June	20 th of May
July	20 th of June
August	20 th of July
September	20 th of August
October	20 th of September
November	20 th of October
December	20 th of November

- * If this date falls on a Saturday, Sunday, or a legal holiday, the report is due on the next working day.

The Monthly Contribution Reports and remittances are considered filed on the date they are received by ETF (from State agencies) or MLIC (from local government employers).

“Except as otherwise specifically provided in par. (am) for a facsimile or electronic mail, the date a document is received by, or filed with, the department is the date the original document is physically received at the department at its offices during regular business hours as provided under s. 230.35 (4) (f), Stats., regardless of the date the document was mailed or otherwise intended to be transmitted to the department and regardless of any mishandling or misdirection by the U.S. postal service or any other agency or person. A document which arrives at the department’s offices after 4:30 p.m. Monday through Friday or on a Saturday, Sunday or holiday as defined by s. 230.35 (4) (a), Stats., is deemed received by the department at 7:45 a.m. on the next day on which the department’s offices are regularly open for business as provided under s. 230.35 (4)(f), Stats.” [Wis. Admin. Code ETF 10.82 (1)]

Employers should mail their reports and remittances no less than five days prior to the due date to ensure that they will be received in a timely manner.

1201 Late Interest Charge

An interest charge is assessed on all remittances or portions thereof, received after the due date [Wis. Admin. Code ETF 10.64 (3)]. ETF does not have the statutory authority to waive late interest charges. The interest rate is 0.04% of the total remittance due for each day from the date on which the report was due until it is received. The minimum charge is \$3.00 [Wis. Stat. § 40.06 (3)].

1202 *Interest Due Notice* (ET-1806)

When remittances or portions thereof are received after the due date, an *Interest Due Notice* (ET-1806) is sent to the employer. Local employers must return a copy of the *Interest Due Notice* along with a check made payable to the Department of Employee Trust Funds for the amount due. State agencies must return the *Interest Due Notice* and the Payment Voucher (PV) number to ETF. Interest Due remittances are to be sent to ETF.

Note: Late charges should not be combined with other payments. Please issue a separate check or PV for the late charges only.

Interest is payable within 30 days. After 30 days it may be collected from state-shared revenues, as provided in Wis. Stat. § 40.06 (4).

1203 Sample Interest Due Notice (ET-1806)

Department of Employee Trust Funds
P. O. Box 7931
Madison, WI 53707-7931

EMPLOYER NUMBER

INTEREST DUE NOTICE

Interest of 0.04% is charged for each day on remittances and reports received in this office after the due date. The minimum late filing charge is \$3. This interest charge is required by Wis. Stat. § 40.06, and Wis. Admin. Code § ETF 10.63. Interest charges cannot be waived and must be paid within 30 days of this notice.

The report/remittance from your agency was received after the due date.

Period Covered By Report (MM/CCYY)	Report Due Date (MM/DD/CCYY)	Remittance Received (MM/DD/CCYY)	Remittances*	Interest Due

* Interest is charged on the actual remittance due. **DO NOT INCLUDE THIS INTEREST CHARGE WITH YOUR REGULAR MONTHLY REMITTANCE REPORT. SUBMIT A SEPARATE CHECK OR VOUCHER PAYABLE TO DETF.**

The interest payment must be made payable to DEPARTMENT OF EMPLOYEE TRUST FUNDS.

- ☐ Life
- ☐ Health
- ☐ Income Continuation
- ☐ ERA

Mail payment and a copy of this form in the enclosed envelope.

Date (MM/DD/CCYY)	Prepared By	Telephone No. (608) 26
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**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

CHAPTER 13 — ANNUAL RENEWAL CENSUS

**1300 Annual Renewal Census – Local Government
Employers**

1301 Annual Renewal Census – State Employers

1300 Annual Renewal Census – Local Government Employers

The annual renewal census process provides employers with updated coverage and premium information for each insured employee. It also offers employers an opportunity to correct any errors or oversights in the employee's life insurance coverage information. To permit accurate billing, the *Renewal Census* forms must be reviewed and any corrections returned to Minnesota Life Insurance Company (MLIC) by the deadline indicated in each year's Renewal Census packet of information.

The steps in the process are as follows:

January: As part of the annual WRS reconciliation process, the employer provides the preceding year's earnings to ETF. An insured employee's life insurance coverage amount is based on these reported earnings.

Earnings reported to ETF for highly compensated employees who began WRS participation after July 1, 1996 is capped by compensation limits imposed by IRC Section 401 (a) (17). The compensation limit for 2008 is \$230,000. However, life insurance coverage will be based on the employee's actual earnings. Therefore, report actual earnings to MLIC for insured employees who were covered under WRS prior to July 1, 1996 and whose actual earnings exceed the IRC compensation limits.

Note: The coverage amount for those participants who have not been enrolled in WRS for a full calendar year will be based on an estimated figure provided to MLIC at the time of enrollment.

March: ETF provides MLIC with a report of annual earnings for each participant.

April: MLIC sends a *Renewal Census* to employers for verification of participant information.

May: *Annual Renewal Census Report Adjustments Form* is due back to MLIC for updating the July billing. The employer will note any necessary adjustments or corrections on the *Renewal Census Adjustment* form or indicate that all the information is correct. (Refer to the sample of the *Renewal Census Update* in subchapter 1300 A, a sample of the *Annual*

Group Life Insurance
Chapter 13 — Annual Renewal Census
Page 2

Renewal Census Report Adjustments Form in subchapter 1300 B, and instructions for completing the *Annual Renewal Census Report Adjustments Form* in subchapter 1300 C.)

Direct questions regarding the *Renewal Census Update* or *Adjustments Form* to MLIC at (608) 277-8690 or write to MLIC at P. O. Box 259708, Madison, WI 53725-9708.

A. Renewal Census Update (5 Pages)

POLICY NO. 2832L-G
UNIT NO. 123456

RENEWAL CENSUS UPDATE
INFORMATION FOR CONTRIBUTING EMPLOYEES
I N S U R A N C E F O R 2 0 0 7

JOHN DOE, BUSINESS MANAGER
TEST CASE SCHOOL DISTRICT
P. O. BOX 78
TEST CITY, WI 54545-4545

Group Life Insurance
Chapter 13 — Annual Renewal Census
Page 4

RENEWAL CENSUS UPDATE INFORMATION FOR CONTRIBUTING EMPLOYEES										POLICY NO. 2832L-G UNIT NO. 123456	
I N S U R A N C E F O R 2 0 0 7										PAGE 1	
SS#	EMPLOYEE NAME	BIRTHDATE	2006 EARNINGS	BASIC AMT INS.	BASIC PREM	GROSS SUPPL PREM	ADDL PREM	SP/DEP PREM	TOTAL PREM		
***** ACTIVE *****											
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	43,833	44,000	6.60	6.60	19.80 (03)	3.50	36.50		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	45,272	48,000 H	13.92			3.50	17.42		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	43,949	44,000	20.68*			3.50	24.18		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	43,679	44,000	20.68			3.50	24.18		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	24,643	25,000	7.25				7.25		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	11,928	12,000	3.48*		3.48*(01)		6.96		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	31,920	32,000	1.60		3.20 (02)		8.30		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	33,023 E	34,000	2.04		2.04 (01)		4.08		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	19,545	20,000	1.80			1.75	3.55		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	42,368	43,000	3.01	3.01		3.50	9.52		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	23,890	24,000	14.40*			3.50	17.90		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	43,759	44,000	12.76			3.50	16.26		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	44,523	45,000	13.05				13.05		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	41,011	42,000	12.18			3.50	15.68		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	43,821	46,000 H	13.34			3.50	13.34		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	10,548	11,000	1.65			3.50	5.15		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	36,939	37,000	2.22		2.22 (01)	1.75	6.19		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	25,260	26,000	12.22		12.22 (01)	3.50	27.94		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	43,805	44,000	6.60			3.50	10.10		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	40,689	41,000	6.15			1.75	7.90		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	66,796	67,000	19.43*		38.86*(02)	3.50	61.79		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	30,543	31,000	1.55	1.55	4.65 (03)	3.50	11.25		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	42,885	43,000	20.21				20.21		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	29,657 E	30,000	1.50		3.00 (02)	3.50	8.00		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	32,847	33,000	1.98				1.98		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	15,717	17,000 H	9.01			3.50	12.51		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	17,571	18,000	1.62		3.24 (02)	3.50	8.36		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	12,832	13,000	6.11*			3.50	9.61		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	25,210	26,000	2.34				2.34		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	11,292	12,000	1.08			3.50	1.08		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	49,253	50,000	14.50			3.50	18.00		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	13,119	15,000 H	4.35			3.50	7.85		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	32,443	33,000	1.65				1.65		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	46,029	47,000	3.29			1.75	5.04		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	15,242	16,000	2.40		7.20 (03)	3.50	13.10		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	32,185	33,000	2.97		5.94 (02)	3.50	8.91		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	71,620	72,000	10.80	10.80	32.40 (03)	3.50	57.50		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	46,167	47,000	13.63		27.26 (02)	3.50	44.39		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	42,916	43,000	12.47			3.50	15.97		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	43,631	46,000 H	6.90		6.90 (01)	3.50	13.80		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	49,708	50,000	3.50*	3.50*	10.50*(03)	3.50	21.00		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	36,480 E	37,000	3.33				3.33		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	27,426	28,000 H	8.41*		8.41*(01)	3.50	20.32		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	13,097	14,000	2.10				2.10		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	85,627	86,000	40.42		40.42 (01)	3.50	84.34		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	47,350	48,000	22.56			3.50	26.06		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	11,961	12,000	.72		2.16 (03)	3.50	6.38		
9999999999	LASTNAME FIRSTNAME M	MM DD CCYY	44,079	45,000	21.15			3.50	24.65		

RENEWAL CENSUS UPDATE
INFORMATION FOR CONTRIBUTING EMPLOYEES

POLICY NO. 2832L-G
UNIT NO. 123456

SS#	EMPLOYEE NAME	BIRTHDATE	2006 EARNINGS	BASIC AMT INS.	BASIC PREM	GROSS SUPPL		ADDL PREM	SP/DEP PREM	TOTAL PREM	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	42,589	43,000	6.45			19.35 (03)	3.50	29.30	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	52,351	53,000	7.95			23.85 (03)	3.50	35.30	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	17,274	18,000	5.22			3.60 (02)	1.75	8.72	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	35,442	36,000	1.80			45.12 (02)	3.50	71.18	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	47,602	48,000	22.56					6.90	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	41,075	46,000 H	6.90*					3.29	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	46,214	47,000	3.29					4.06	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	13,671	14,000	4.06*					3.70	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	36,533 E	37,000	1.85			1.85 (01)	3.50	6.65	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	20,034	21,000	3.15						
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	26,071	27,000	7.83*						
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	42,190	43,000	3.01	3.01		3.01 (01)	3.50	11.33	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	43,458	44,000	6.60*					12.53	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	43,339	44,000	3.96			3.96 (01)	3.50	10.10	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	39,486	40,000	18.80*	18.80*		56.40* (03)	3.50	11.42	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	47,597	49,000 H	7.35					97.50	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	43,287	44,000	26.40					26.40	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	39,567	40,000	6.00*			18.00* (03)	3.50	27.50	
999999999	LASTNAME FIRSTNAME M	MM DD CCYY	42,333	43,000	2.15			2.15 (01)	3.50	7.80	

F, 1005 or STD

Group Life Insurance
Chapter 13 — Annual Renewal Census
Page 6

RENEWAL CENSUS UPDATE
INFORMATION FOR CONTRIBUTING EMPLOYEES
POLICY NO. 2832L-G
UNIT NO. 123456
PAGE 3

UNIT TOTALS:
EARNINGS 2,408,207
BASIC AMT. INS 2,456,000
BASIC PREM 560.94
SUPPL. PREM 47.27
ADDL. PREM 411.19
SP/DEP. PREM 155.75
#LIVES 67

AN "E" IS SHOWN WHEN EARNED INCOME IS ESTIMATED.
AN "R" INDICATES A RATE CHANGE DUE TO A DIFFERENT AGE BRACKET.
AN "H" INDICATES THAT THE PREVIOUS YEAR'S EARNINGS WERE USED TO PROVIDE HIGHER COVERAGE.

* IF YOU HAVE ANY QUESTIONS *
* PLEASE CONTACT *
* MINNESOTA LIFE *
* INSURANCE COMPANY *
* P. O. BOX 259708 *
* MADISON WISCONSIN 53701-9708 *
* PHONE # (608) 277-8690 *
* FAX # (608) 277-8665 *

JOHN DOE, BUSINESS MANAGER
TEST CASE SCHOOL DISTRICT
P. O. BOX 78
TEST CITY, WI 54545-4545

RENEWAL CENSUS UPDATE
INFORMATION FOR CONTRIBUTING EMPLOYEES
POLICY NO. 2832L-G
UNIT NO.
INSURANCE FOR 2007
PAGE 1

FINAL (PRINTED) TOTALS:
EARNINGS 2,408.207
BASIC AMT INS 2,456.000
BASIC PREM 560.94
SUPPL PREM 47.27
ADDL PREM 411.19
SP/DEP PREM 155.75
#LIVES 67

B. Annual Renewal Census Report Adjustments Form

ANNUAL RENEWAL CENSUS REPORT ADJUSTMENTS FORM

Check One:

- () The annual renewal census report is correct and there are **no adjustments**.
() The annual renewal census report needs to be adjusted as given below.

PLEASE RETURN THIS FORM BY MAY 1, 2008 TO:

Minnesota Life Insurance
Annual Renewal Census
P.O. Box 259708
Madison, WI 53725-9708

Section 1.

LEAVE OF ABSENCE ADJUSTMENTS

<u>Social Security Number</u>	<u>Name</u>	<u>Date Leave Began</u>	<u>Date Leave Ended</u>	<u>2007/2008 Estimated Earnings</u>	<u>2008 Coverage Amount</u>	<u>Coverage Based On**</u>

**Coverage should be based on the highest of the following:

CC-Current Coverage Amount

PR-Prior Year's Earnings Amount

EE-Estimated Earnings for 2007/2008

Section 2.

MISCELLANEOUS ADJUSTMENTS***

<u>Social Security Number</u>	<u>Name</u>	<u>Adjustment</u>	<u>Comment</u>

Employer Name: _____

ETF-Code: _____

Unit #: _____

Completed By: (print) _____
(sign) _____

Title: _____

Phone Number: _____

Date: _____

Questions?

(608)277-8690

866-295-8690 (toll free)

Robin Kaczmarek ext. 106

Jody White ext. 105

Paul Romuald ext. 104

(608)277-8665 (FAX)

C. Completing the *Annual Renewal Census Report Adjustments Form*

Section 1: Leave of Absence Adjustments

Report adjustments only for those employees for whom **all** of the statements below apply:

- Employee was on an unpaid leave for 3 or more months in the preceding year,
- Coverage DID NOT lapse, and
- Employee has returned to work

For employees whose **coverage continued** during their leave of absence and who have returned to work, the amount of coverage is based on the highest of:

- The employee's actual prior year's annual earnings, **or**
- The employee's current coverage amount, **or**
- The employee's estimated earnings for the current calendar year.

DO NOT list employees whose coverage lapsed. Employees who wish to reenroll when they return to work must submit an application within 30 days of their return to work.

DO NOT list employees who were on a leave of less than 3 months. Coverage will be based on their highest actual earnings. If they have not yet worked a full calendar year, their coverage will be based on the estimated earnings that were noted on their enrollment application.

DO NOT list employees who are continuing an unpaid leave of absence. If they are on unpaid leave at the end of the preceding year, their coverage amount will remain the same as the amount they had in effect prior to their leave. When an employee who continued coverage during an unpaid leave returns to work, their coverage amount remains the same.

Section 2: Miscellaneous Adjustments

Please use this section to report any miscellaneous errors. For example, corrections made to:

- Name (due to spelling errors or name changes).
- Social Security number – must include a copy of their Social Security Card.
- Date of Birth – must include a copy of their Birth Certificate.
- Coverage Selections – must include copy of application to verify coverage selections.

To report **terminated** employees that appear on the census, please enter the word "terminated" in the 'Adjustment' box and include their last day worked in the 'Comment' box. Exclusion of this information can result in the adjustment not being made. Terminated employees can also be removed using the Monthly Deletion Form that is mailed with the life insurance bill.

DO NOT report actual earnings for employees who have not worked a full calendar year. Coverage for employees who have not been employed for a full year must remain at their estimated earnings level written on their enrollment application. These employees will be marked on the report with an “E” to the right of their annual earnings amount.

DO NOT report actual earnings for employees who have higher prior year earnings that are being used to determine their insurance coverage. These employees will be marked on the report with an “H” to the right of their Basic amount of insurance. Employees are entitled to continue their coverage using their highest year’s earnings if they have had continuous employment with their current employer.

1301 Annual Renewal Census – State Employers

The annual renewal census process provides MLIC with updated life insurance information for each insured State employee on MLIC’s database. MLIC updates the database with information about participating employees from an electronic transmission from payroll processing centers and the manual worksheets provided by each agency. No reports are sent to the agencies following this update. The monthly premium reconciliation for March coverage will use the updated coverage amounts and premiums calculated during the annual renewal census.

The steps in the process are as follows:

January: The payroll processing centers send MLIC an electronic listing of insured employees, the employees’ previous year’s annual earnings, the coverage amount for each type of insurance each employee has, and the employee and employer premium amounts.

Each agency completes a *Leave of Absence Adjustments* worksheet and a *Coordination of Earnings* worksheet to ensure that the proper coverage amount is calculated for every employee. These worksheets supply MLIC with information about employees who were on a leave of absence for three or more months during the prior calendar year, employees who transferred from a State agency that uses a different payroll system, and employees who are concurrently employed by two or more state agencies.

Earnings reported to ETF for highly compensated employees who began WRS participation after July 1, 1996 is capped by compensation limits imposed by IRC Section 401 (a) (17). The compensation limit for 2008 is \$230,000. However, life insurance coverage will be based on the employee’s actual earnings. Therefore, report actual earnings to MLIC for insured employees who were covered under WRS prior to July 1, 1996 and whose actual earnings exceed the IRC compensation limits.

February: March coverage month exception reports are sent to State agencies by MLIC showing any discrepancies between MLIC’s records and the agencies’ records.

A. *Leave of Absence Adjustments Worksheet Instructions*

Complete the *Leave of Absence Adjustments* worksheet for each employee who was on leave of absence from the agency during the prior year. Include the employer's name, ETF code, name of the individual completing the form and date. (Refer to the sample in subchapter 1301 B.) Complete and return the form to MLIC even if you do not have any adjustments.

Section 1. Leave of Absence Adjustments

Report adjustments only for those employees for whom **all** of the statements below apply:

- Employee was on an unpaid leave of absence for 3 or more months in the preceding year; and
- Coverage DID NOT lapse; and
- Employee has returned to work.

For employees whose **coverage continued** during their unpaid leave of absence and have returned to work, the amount of coverage is based on the highest of:

- the employee's actual prior year's annual earnings, **or**
- the employee's current coverage amount, **or**
- the employee's estimated earnings for the current calendar year.

DO NOT list employees whose coverage lapsed. Employees who wish to reenroll when they return to work must submit an application within 30 days of their return.

DO NOT list employees who were on an unpaid leave of less than 3 months. Their coverage will be based on their highest actual earnings. If they have not yet worked a full year, their coverage amount will be based on the estimated earnings amount that was noted on the application for life insurance coverage.

DO NOT list employees who are continuing an unpaid leave of absence. If they are on unpaid leave at the end of the preceding year, their coverage amount will remain the same as the amount they had in effect prior to leave. When an employee who continued coverage during their unpaid leave returns to work, the coverage amount remains the same.

For additional information concerning Leave of Absence reporting, please refer to Chapter 5.

Section 2. Coordination of Earnings

Coverage for employees who have transferred within State service, or who have been or are concurrently employed by two or more state agencies during the preceding year, will be based on the total actual annual earnings from all State employment. To coordinate the earnings, list only the employees who **HAVE** life insurance coverage **AND** who:

- Transferred from an agency outside of your payroll system to your agency (Ex: UW System to Department of Corrections) OR
- Are concurrently employed at your agency and another agency on a different payroll system. (Example: employed at Department of Corrections and UW System and receiving earnings from both agencies).

MLIC will obtain the actual earnings from each agency and then notify you of the total annual earnings for the prior year and the correct coverage amount. Only report those employees who currently have coverage through your agency.

****State agencies include all agencies on the Department of Administration Central Payroll system, as well as all University of Wisconsin system campuses, UW Hospital Authority and Board, Legislature, WHEDA, and all other agencies specified in Wis. Stat. § 40.02 (54).**

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

CHAPTER 14 – DISABILITY PREMIUM WAIVER

- 1400 Eligibility Criteria**
- 1401 Submitting a *Request for Disability Premium Waiver***
- 1402 Amount of Coverage During Premium Waiver**
- 1403 Effective Date of Premium Waiver**
- 1404 Cancellation/Termination of Waiver**
- 1405 *Request for Disability Premium Waiver* (ET-5306)**

1400 Eligibility Criteria

When an employee under age 70 and insured under the Group Life Insurance program becomes totally disabled from all gainful activity, and is likely to be disabled for the indefinite future, Group Life Insurance coverage can be continued without payment of premiums. An employee may qualify for a waiver of premiums even though they do not qualify for a WRS disability annuity [Wis. Stat. § 40.63] or Long-Term Disability Insurance (LTDI) benefit administered by the Department of Employee Trust Funds (ETF) under Wis. Admin. Code § ETF 50.

Note: In this manual, LTDI means the long-term disability insurance benefit administered by ETF under Wis. Admin. Code § ETF 50. It does not include any other income continuation or disability insurance which may be offered by the employer or by ETF.

To be eligible for a disability premium waiver, the following criteria should be considered:

- A. The employee must be totally disabled as a result of injury or disease so as to be incapable of performing any work or engaging in any occupation and is likely to be disabled for the indefinite future.
 - 1. Examples of disabilities likely to qualify include cancer, heart disease, tuberculosis, disabling back injury, and mental illness, because the date of recovery is unknown. Examples of non-qualifying disabilities are fractures, pneumonia, normal pregnancy (not high risk), or an appendectomy, because the date of return to work can be somewhat predicted.
 - 2. Employers are not required to make a medical judgement or evaluate the employee's potential for vocational rehabilitation. Minnesota Life Insurance Company (MLIC) will require medical evidence from the employee to determine the employee's eligibility for a premium waiver.
- B. Insurance coverage must be in force at the time the employee becomes disabled and must be in force continuously until the effective date of the premium waiver.

- C. The employee must have stopped receiving earnings as defined in Wis. Stat. § 40.02 (22), including sick leave and vacation pay, but does not include temporary Worker's Compensation benefits that are reportable under Wis. Stat. § 40.29. The employer may submit the *Request for Disability Premium Waiver* (ET-5306) while earnings are still being paid.
- D. An employee may be eligible for a premium waiver after termination of employment only if the disability commenced before the insured employee terminated and while insurance was still in force. An employee whose disability began while the employee was on unpaid leave of absence is eligible, provided coverage was in force.
- E. An employee who qualifies for a WRS disability annuity or an LTDI benefit will automatically qualify for a life insurance premium waiver if the employee has coverage in force when the annuity or insurance benefit is effective. A *Request for Disability Premium Waiver* must be filed as soon as possible to provide the necessary information on last day paid, last premium paid, and level of coverage information.

Important: Premiums must continue to be paid by the employee and/or employer until MLIC provides written confirmation to the employee, the employer, and ETF that premiums have been waived.

- F. Employees receiving Duty Disability benefits under Wis. Stat. § 40.65 do not automatically qualify for a life insurance premium waiver. In these cases, the employer must submit a premium waiver form and MLIC will request medical evidence of disability from the employee.

Note: An insured employee, annuitant, spouse, or dependent who is terminally ill may wish to apply for living benefits. Refer to subchapter 305 for more details.

1401 Submitting a *Request for Disability Premium Waiver*

Whenever the employer becomes aware that an insured employee may qualify for a premium waiver, the employer should file a *Request for Disability Premium Waiver* (ET-5306) with ETF. (Refer to the sample form in subchapter 1405.) The *Request for Disability Premium Waiver* filing deadline and the processing steps are as follows:

- A. The request must be submitted within 36 months after the last day for which earnings were paid. An insured employee who becomes disabled while on union service leave of more than 36 months duration may file a waiver more than 36 months after the last day for which earnings were paid.
- B. The employer completes the *Request for Disability Premium Waiver*, makes one photocopy for their records, and forwards the original copy to ETF.
- C. MLIC will contact the insured to request medical documentation verifying the individual is not working due to total and continuing disability.

- D. For State and local government employees, MLIC sends a letter to both the employer and the employee acknowledging the approval of the *Request for Disability Premium Waiver* and certifying the life insurance coverage during disability.
- E. Unless the employee also qualifies for a WRS disability annuity under Wis. Stat. § 40.63, or an LTDI benefit, MLIC will review the employee's status annually.

1402 Amount of Coverage During Premium Waiver

The amount of insurance continued while an employee is disabled is the amount in effect on the last day the employee was on the payroll. This may include Basic, Supplemental, Additional, and Spouse & Dependent coverage. Employees may not apply for any new coverage that may be offered by their employer until they return to eligible employment.

1403 Effective Date of Premium Waiver

Premium waivers take effect on the later of:

1. The first of the month following the date the disability began, or
2. The first of the month following the last day for which the employee receives earnings (including sick leave and vacation but not including temporary Worker's Compensation benefits).

Employers must continue to collect premiums until notified by MLIC that the *Request for Disability Premium Waiver* (ET-5306) has been approved. Please note that the employee must pay premiums for any month in which earnings (including paid leave) are received, even though the employee may also qualify for a disability annuity or LTDI benefit that will become effective in the same month. Where premiums are collected in advance, there may be a need to refund any premiums that have been collected for periods for which a waiver has been approved.

1404 Cancellation/Termination of Waiver

MLIC will request annual medical re-certification of the disability until the employee reaches age 65 unless the employee qualifies for a disability annuity or LTDI benefit. The premium waiver will be canceled if medical evidence indicates the employee has recovered or if the employee fails to provide medical information when requested.

The following situations illustrate an employee's eligibility to continue the waiver of premium:

- A. If the employee does not qualify for a disability annuity under Wis. Stat. § 40.63, or an LTDI benefit, and returns to employment in any job or occupation, the premium waiver will be canceled. The following steps should occur:
1. Upon return to eligible employment with the same employer, premium deductions will resume effective the first of the month following the return to work. No *Life Insurance Application/Cancellation/Refusal* (ET-2304) is required unless new coverage was offered while the employee was on leave.
 2. Premiums will be collected in advance, as usual. Therefore, it may be necessary to collect several months' premiums in one month.
 3. The same amount of coverage will be in effect as the employee had while on premium waiver. (Refer to subchapter 1402 for information.)
 4. The employee may enroll for any new coverage levels that may have been added while the employee was on premium waiver.
 5. The employer must notify MLIC of the employee's return to work by submitting a written memo, e-mail or FAX. The employee's name, Social Security number, and the date the employee returned to work must be provided.
 6. If the leave lasted three full calendar months or more, beginning in January of the next year, coverage will be based on the highest of the employee's:
 - Estimated earnings for the next 12 months
 - Actual prior year's earnings
 - Current coverage amount
- B. If the employee returns to work and still qualifies for either a disability annuity under Wis. Stat. § 40.63 or an LTDI benefit, the waiver of premium remains in force.
1. Temporary suspension of a disability annuity or LTDI benefit does not affect the waiver of premiums.
 2. If a disability annuity or LTDI benefit is terminated the premium waiver will terminate unless MLIC obtains medical proof of continued disability from the employee in order to maintain the premium waiver.
- C. If the waiver is canceled prior to the employee's insurance reduction age, MLIC will notify the employee of the following options:
1. Approved leave of absence: the employee may continue group coverage as an employee for up to 36 months after the last day paid by resuming premium payments.
 2. Employment has terminated: the employee may continue group coverage, if they meet the requirements, by filing a *Continuation Application* (ET-2154) form within 31 days of cancellation of the premium waiver.
(Refer to subchapters 1603, 1609 and 1610.)

3. Employee is not eligible to continue group insurance. The employee may convert to an individual policy with MLIC by filing a *Conversion Application* (ET-2306) form within 31 days of cancellation of the premium waiver. (Refer to subchapter 1611.)
- D. The premium waiver terminates when a disabled employee reaches insurance reduction age. The insurance reduction age is age 65 if the employee has already terminated employment; otherwise, it is either the date employment terminates or age 70, whichever occurs first.

An employee insured under waiver of premium on the date the employee attains the insurance reduction age is entitled to premium-free, post-retirement insurance coverage at the level provided by the employee's former employer (50% or 25%); all other coverage (eg., Supplemental, Additional, and/or Spouse & Dependent) ceases.

1405 Request for Disability Premium Waiver (ET-5306)

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

**Group Life Insurance
REQUEST FOR DISABILITY PREMIUM WAIVER**
Wis. Stat. § 40.72

		Claim Number	
Plan A —		Dept./Unit	
Name (Last, First, Middle, Maiden)			
Address (Street and No.)		Social Security Number	
(City, State and Zip Code)		Birthdate (MM/DD/CCYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Employer Name		Employer Number 69-036-	
Last Day Worked (MM/DD/CCYY)	Last Day for Which Paid (MM/DD/CCYY)	Continue to collect and submit premium until you receive notification that the premium waiver is approved.	
Has employee terminated employment? <input type="checkbox"/> Yes (Date of termination _____) <input type="checkbox"/> No If yes , is the termination due to an apparent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the employee on a leave of absence (LOA)? <input type="checkbox"/> Yes (Date LOA commenced _____) <input type="checkbox"/> No If yes , is the employee expected to return from LOA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Coverage Based on: Year of highest full calendar year earnings: _____ Amount of highest earnings: \$ _____ Amount of coverage: \$ _____ (Highest earnings rounded to next 1000)	
Description of Disability (if known)		TYPE:	
		Effective Date of coverage	
		Basic	_____
		Supplemental	_____
		Additional 1	_____
		Additional 2	_____
		Additional 3	_____
		S/D I	_____
		II	_____
I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.			
Date (MM/DD/CCYY)	Signature of Employer Representative		Telephone Number
Employer Address (Street and No., City, State and Zip Code)			

To the Employer: File this form whenever you first become aware that an insured employee is unable to work due to illness or injury and will be unable to perform any work or to engage in any occupation for an indefinite period. You are not required to make a medical determination or evaluate the individual's potential for vocational rehabilitation or retraining. The employee will be required to submit medical evidence to the insurance company that demonstrates a total disability.

This form must be filed within 36 months after the last day for which earnings were paid. Insured employees who are on layoff status or on leave for non-medical reasons are eligible if they become disabled during the leave. Employees who have terminated employment are eligible only if the onset of the disability occurred prior to termination. Employees who become disabled while on a union service leave of more than 36 months' duration are not disqualified from receiving a waiver of premium after 36 months. **Life insurance coverage must be in force at the time the employee becomes disabled.**

Effective Date: If approved, the premium waiver will take effect beginning with the first of the month following the date of the onset of disability or the last day for which earnings were paid, whichever is later.

Make a copy for your records.

ET-5306 (REV 09/2002)

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

CHAPTER 15 — DEATH AND DISMEMBERMENT CLAIMS

- 1500 Death Benefit Claim – Active Employee**
- 1501 *Notice of Death* (ET-6301)**
- 1502 Death Benefit Claim – Annuitant or Inactive**
- 1503 Death Benefit Claim – Spouse or Dependent**
- 1504 *Notice of Death for Spouse or Dependent Child* (ET-6303)**
- 1505 Claim Notice and Proof for Accidental Dismemberment or Loss of Use Coverage**
- 1506 *Claim for Accidental Dismemberment or Loss of Use of Limb or Eyes* (ET-6302)**
- 1507 Applying for Living Benefits**
- 1508 Converting Life Insurance to Pay Health Insurance Premiums or Long-Term Care Insurance**

1500 Death Benefit Claim – Active Employee

Active employee, for purposes of death and dismemberment claims, includes individuals:

- Currently employed
- On a leave of absence or layoff with coverage continued by the employee
- Terminated but still actively covered under life insurance due to prepayment of premiums (within 61 days prior to death)

In the event an active employee dies, the employer shall:

1. Contact either the Department of Employee Trust Funds (ETF) or Minnesota Life Insurance Company (MLIC) to initiate the processing of death benefits.

OR

1. Complete a *Notice of Death* (ET-6301) form available on ETF's Internet site at <http://etf.wi.gov> or from MLIC.

Note: Last day worked means the last day that the employee was actively at work, not the date of death.

2. Mail or fax the completed form to ETF or MLIC.
3. If estimated earnings are used to determine the amount of insurance, attach a letter explaining the estimated amount.

4. Attach a newspaper obituary, if available.
5. Indicate the family contact, if known.
6. Enclose a certified copy of the death certificate. If a death certificate is not immediately available, mail or fax the *Notice of Death* to MLIC or ETF without it and MLIC will request it from the survivor.

Note: "Certified" means that there will be a statement either on or appended to the death certificate attesting that the document is a certified copy of the original death certificate. MLIC requires the certified copy of the death certificate before processing any claims.

7. Include the employer's name and telephone number in the event there are questions regarding the claim.

The *Notice of Death* form provides MLIC with the necessary information to initiate the life insurance death benefit process. The *Notice of Death* provides space to indicate whether the employee died as a result of an accident. Although the death certificate will ordinarily contain this information, it is important to complete this item and provide information on the nature of the accident, if known.

Once MLIC receives the *Notice of Death* and all the necessary supporting documents, MLIC will:

- identify eligible beneficiaries,
- request any necessary additional documents,
- communicate with the beneficiaries directly about the death benefits that are payable.

If there are any questions concerning the claim, please contact MLIC at (608) 277-8690.

Premiums

Premiums are payable through the month of death. Advance premiums deducted for any period after the date of death must be refunded.

1502 Death Benefit Claim – Annuitant or Inactive

ETF is usually notified of the death of an annuitant or inactive employee either by a family member or through an obituary. However, if you become aware that a former employee has died, please notify ETF toll free at (877) 533-5020 or (608) 266-3285 (local Madison) or call MLIC toll free at (866) 295-8690 or (608) 277-8690 (local Madison). If possible, supply the name, address, and telephone number of the spouse, personal representative, or other contact person.

Upon receipt of the necessary information, ETF will initiate the processing of both the WRS survivor benefits and the life insurance claim. ETF will notify MLIC that the claim is payable and will provide beneficiary information. MLIC will contact the beneficiary(ies) of the life insurance to obtain the documentation necessary to process the claim.

Premiums are payable through the month of death. Advanced premiums paid for any period after the date of death will be refunded to the estate.

1503 Death Benefit Claim – Spouse or Dependent

A Notice of Death of Spouse or Dependent Child (ET-6303) must be submitted to MLIC upon the death of an insured spouse or dependent child. (Refer to the sample form in subchapter 1504.) To file a claim:

- A. The employee completes the top portion of the *Notice of Death of Spouse or Dependent Child*.
- B. Signatures of both the employee and the employer agent are required.
- C. A certified copy of the death certificate, if available, should accompany the notice.

Note: If the death certificate is not immediately available, submit the *Notice of Death of Spouse or Dependent Child* without it.

- D. Upon receipt of the notice, MLIC will contact the beneficiary(ies) to obtain the necessary documentation to complete the processing of the death claim.

The sole beneficiary of Spouse & Dependent coverage is the employee. In the case of simultaneous deaths of the employee and the spouse or dependent child, payment will be made to the employee's estate. Should simultaneous deaths occur, the court-appointed personal representative of the estate should sign the *Notice of Death*. A certified copy of the legal appointment, along with certified copies of all death certificates, should be submitted with the *Notice of Death*. In the event the employee dies before the insured spouse or dependent, or intentionally and unlawfully causes the death of the insured spouse or dependent, the benefit shall be paid to the insured spouse's or dependent's beneficiary in accordance with Wis. Stat. § 40.02 (8), except that the person who intentionally and unlawfully caused the death of the insured may not receive any benefit.

1504 Notice of Death for Spouse or Dependent Child (ET-6303)

Department of Employee Trust Funds
801 West Badger Road
P.O. Box 7931
Madison, Wisconsin 53707-7931

NOTICE OF DEATH FOR SPOUSE OR DEPENDENT CHILD
(Life Insurance)
Wis. Stat. § 40.70

Personally identifiable information, such as your Social Security number, date of birth, etc., will not be used for any purpose other than for the administration of the benefit programs administered by the Department of Employee Trust Funds.

COMPLETE AND RETURN TO YOUR EMPLOYER. ATTACH A CERTIFIED COPY OF THE DEATH CERTIFICATE.

Employee Name (Last, First, Middle, Previous)		Employee Social Security Number
Employer Name or State of Wisconsin Department		Birthdate (MM/DD/CCYY)
Name of Deceased (Last, First, Middle, Previous)		Deceased's Social Security Number
Relationship to Employee	Birthdate (MM/DD/CCYY)	Date of Death (MM/DD/CCYY)

At the time of death, the deceased person indicated above was my:

- ☐ Spouse. Date of marriage _____.
- ☐ Dependent child. This child was unmarried and dependent upon me for at least 50% of support and maintenance, and was (check appropriate box):
- ☐ More than 14 days of age, but under the age of 19.
- ☐ Between the ages of 19 and 25 if a full-time student (last enrolled on _____).
(MM/DD/CCYY)
- ☐ Age 19 or older and incapable of self-support on account of physical or mental disability which can be expected to be of long-continued or indefinite duration.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Social Security Number or Taxpayer Identification Number, and
2. I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

Date (MM/DD/CCYY)	Employee Signature
Address (Street, City, State, Zip Code)	

Basic and Spouse and Dependent group life insurance coverage was in force and premium payments were current at the time of the deceased's death. The employee has ☐ one unit or ☐ two units of Spouse and Dependent coverage. A copy of the spouse and dependent application is attached.

Date (MM/DD/CCYY)	Signature of Employer Representative
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1505 Claim Notice and Proof for Accidental Dismemberment or Loss of Use Coverage

When an eligible employee loses a limb, their sight, or loses use of a limb due to accidental causes, both the employer and the employee must complete a *Claim for Accidental Dismemberment or Loss of Use of Limbs or Eyes* (ET-6302). Claim forms may be obtained by contacting MLIC directly at (608) 277-8690. Instructions for filing a proof of loss will accompany the claim form.

This form, or written notice of an injury on which a claim may be based, must be submitted to MLIC within 30 days after the accident, unless it is shown not to have been reasonably possible to give such notice prior to the date it is presented.

MLIC may require a claimant to be examined at MLIC's expense, for completion of the claim.

Refer to subchapter 304 for more information about accidental dismemberment or loss of use coverage.

**1506 Claim for Accidental Dismemberment or Loss of Use of Limbs or Eyes
(ET-6302)**

MINNESOTA LIFE

**ACCIDENTAL DISMEMBERMENT OR
LOSS OF USE OF LIMBS OR EYES**

Minnesota Life Insurance Company • P.O. Box 259708 • Madison, WI 53725-9708 • For Further Information Call: 608/277-8690

PART 1 - EMPLOYER STATEMENT		SOCIAL SECURITY NUMBER
EMPLOYEE NAME (Last, First, Middle Initial)		DATE OF BIRTH
EMPLOYEE ADDRESS (Street, City, State, Zip)		DATE OF ACCIDENT
AMOUNT OF INSURANCE IN FORCE ON DATE OF ACCIDENT \$		DATE COVERAGE FIRST BECAME EFFECTIVE FOR THIS INSURED EMPLOYEE
EMPLOYER NAME		ETF CODE
DATE SIGNED X	SIGNATURE OF EMPLOYER	

PART II - INSURED EMPLOYEE'S STATEMENT	<i>(This statement is not complete unless all questions are answered fully and clearly.)</i>
ADDRESS WHERE YOU MAY BE CALLED UPON NOW (Street, City, State, Zip)	

DESCRIBE HOW THIS ACCIDENT HAPPENED, INCLUDING PLACE AND LOCATION OF ACCIDENT

DESCRIBE INJURY AND RESULTING LOSS

AT THE TIME OF THE ACCIDENT, WERE YOU UNDER A PHYSICIAN'S CARE FOR TREATMENT OF ANY DISEASE OR ILLNESS? IF YES, PLEASE DESCRIBE

WHEN DID YOU FIRST CONSULT A PHYSICIAN AS A RESULT OF YOUR ACCIDENT?	DOCTOR'S NAME
DOCTOR'S FULL ADDRESS (Street, City, State, Zip)	DOCTOR'S PHONE NUMBER ()

HAVE OTHER DOCTORS TREATED YOU AS A RESULT OF YOUR ACCIDENT? IF YES, PLEASE INCLUDE THEIR NAMES AND ADDRESSES:

☐ YES ☐ NO
The furnishing of this form by the company shall not constitute either an admission by it that disability insurance is in force or a waiver of any of the company's rights or defenses.

DATE SIGNED	SIGNATURE OF EMPLOYEE X
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For the purpose of determining my eligibility for insurance coverage and benefits, I authorize any provider of health care, physician, medical practitioner, psychologist, chiropractor, hospital, including Veterans Administration Hospital, clinic or other health care facility, insurance company, consumer reporting agency, Social Security Administration, Internal Revenue Service, financial institutions, employer, workers' compensation, rehabilitation facility or other organization or person which has any medical or nonmedical records or knowledge, including but not limited to my physical or mental health or financial information or employment, to give all such information it has to **Minnesota Life Insurance Company** (Company) or its authorized representative. This shall include but not be limited to information regarding any health history including all consultations, diagnoses, prescriptions, treatments, tests, as well as any information regarding alcohol or drug abuse, AIDS or AIDS-related conditions.

I authorize the Company to release any information relevant to my insurance coverage and claim for benefits to persons or organizations performing services related to the claim, to other insurance carriers with whom I have coverage, or to any other public or private entity as may be required.
I AUTHORIZE: Minnesota Life Insurance Company to request a report from the Medical Information Bureau (MIB), which is an association of life insurance companies that operates the Health Claim Index (HCI) for subscriber insurers. An HCI report contains the date(s) of past or present claims filed by me and the names of the companies but does not contain medical or other personal information. I understand **Minnesota Life Insurance Company** will report to MIB the date(s) of any past or present claims filed by me.

Upon receipt of a request from me, MIB will arrange a disclosure of any information it may have in my HCI file. If I question the accuracy of information in the file, I may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is PO Box 105, Essex Station, Boston, MA 02112, telephone number (617) 426-3660.

This authorization shall be valid for 30 months from the date it is signed. I have read and I understand this authorization. I know that I may request and receive a copy of it. A photocopy of this authorization is as valid as the original.

(V.A. Claim Number _____)

DATE SIGNED	SIGNATURE OF WITNESS X
DATE SIGNED	SIGNATURE OF EMPLOYEE X

NOTICE: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. The commission of insurance fraud may subject such person to criminal and/or civil penalties. Any insurance company or agent of an insurance company who knowingly attempts to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Division of Insurance.

F. 17904 Rev. 3-2001
ET-6302

**1506 Claim for Accidental Dismemberment or Loss of Use of Limbs or Eyes
(ET-6302) Continued**

**PART III ATTENDING PHYSICIAN'S STATEMENT
HISTORY**

DATE ACCIDENT OCCURRED	DATE AMPUTATION OR LOSS OF SIGHT OCCURRED
------------------------	---

LOCATION OF ACCIDENT (Work, etc.) DESCRIBE:

Do you feel this patient is competent to endorse and direct the proceeds thereof?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has patient ever had same or similar condition or prior disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the accident, amputation, or loss of sight, was the patient receiving care or treatment of any disease or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient's dismemberment, total and permanent loss of use or loss of sight caused (directly or indirectly) by any physical or mental infirmity; illness or disease; self-inflicted injury; commission of a felony; drugs or poison taken voluntarily; bacterial infection; travel on any military aircraft; or war?	<input type="checkbox"/>	<input type="checkbox"/>
If answers to any of the above questions "yes", describe particulars in detail, including dates.		

DISMEMBERMENT

Was there an amputation resulting in severance through or above the wrist or ankle joint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes", give complete description of dismemberment.		

LOSS OF USE

Did total loss of use of hand or foot from wrist or ankle occur as a result of the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did total loss of use of arm or leg from shoulder or hip occur as the result of the accident?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details regarding the loss of use.		

LOSS OF SIGHT

Did total and irrecoverable loss of sight occur as a result of the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did total and irrecoverable loss of sight occur more than 180 days after the accident?	<input type="checkbox"/>	<input type="checkbox"/>

WHAT WAS VISION AT LAST OBSERVATION? (SNELLEN NOTATION)

WITH GLASSES	O.D.	O.S.	DATE
WITHOUT GLASSES	O.D.	O.S.	DATE

DATE CORRECTED VISION WAS IRRECOVERABLY REDUCED TO 20/200 OR LESS IN THE BETTER EYE

MONTH/DAY/YEAR

☐ O.D. ☐ O.S.

VISION CAN BE RESTORED IN WHOLE OR IN PART BY:

O.D.	<input type="checkbox"/> LENSES	<input type="checkbox"/> TREATMENT	<input type="checkbox"/> OPERATION	<input type="checkbox"/> NOT RESTORABLE
O.S.	<input type="checkbox"/> LENSES	<input type="checkbox"/> TREATMENT	<input type="checkbox"/> OPERATION	<input type="checkbox"/> NOT RESTORABLE

Please enclose copies of any visual fields testing that has been done.

PLEASE INCLUDE COPIES OF YOUR MEDICAL RECORDS PERTAINING TO THE LOSS

NAME OF ATTENDING PHYSICIAN (Please print)	DEGREE	TELEPHONE NUMBER
PHYSICIAN'S ADDRESS (Street, City, State, Zip)		

SIGNATURE OF ATTENDING PHYSICIAN X	DATE SIGNED	PRINT NAME OF PERSON COMPLETING THIS FORM
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1507 Applying for Living Benefits

Living benefits are the proceeds of the employee's life insurance coverage that are paid to the employee while the employee is still living rather than to the employee's beneficiaries after the employee's death. An eligible employee can apply for living benefits for up to the full value of the coverage in force. The applicant can be an insured employee, retiree or spouse or dependent child of an employee who has coverage under the Spouse & Dependent Plan. The applicant must meet certain medical criteria to qualify.

For information about applying for living benefits, refer to *Living Benefits* brochure (ET-2327). To request a copy call ETF at (608) 266-3302 or visit ETF's Internet site at <http://etf.wi.gov>.

1508 Converting Life Insurance to Pay Health Insurance Premiums or Long-Term Care Insurance

Insured retirees may be eligible to convert their Basic Group Life Insurance coverage to pay premiums for health insurance or long-term care insurance. For more information about converting life insurance to pay health insurance premiums or long-term care insurance, the employee may request *Converting Your Group Term Life Insurance to Pay Health Insurance Premiums* brochure (ET-2325) from ETF. The brochure is also available in the "Insurance Forms and Brochures" area on ETF's Internet site at <http://etf.wi.gov>. The employee should contact ETF to request an *Election to Convert Life Insurance to Pay Health Insurance or Long-Term Care Insurance Premiums* (ET-2324).

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

CHAPTER 16 — TERMINATION OF GROUP INSURANCE COVERAGE

- 1600 Date of Termination of Employee Coverage**
- 1601 Date of Termination of Spouse & Dependent Coverage**
- 1602 Termination of Coverage for Active Employees Who Reach Age 70**
- 1603 Eligibility to Continue Life Insurance After Employment Terminates**
- 1604 Employer Responsibilities When an Employee Terminates Employment**
- 1605 Completing the Continuation Application**
- 1606 *Continuation Application* (ET-2154)**
- 1607 Employer Responsibilities When An Employee Is Considering Retirement**
- 1608 Coordinating Premium Payments with Annuity Deduction**
- 1609 ETF Certifies Group Life Insurance Coverage for Annuitants**
- 1610 *Group Life Insurance Certification of Coverage* (ET-4802)**
- 1611 Conversion to an Individual Policy**
- 1612 Quick Reference on Termination Dates and Premiums**

1600 Date of Termination of Employee Coverage

Group Life Insurance coverage on the employee's life will terminate on the earliest of the following:

- The last day of the calendar month following the month in which the employee terminated employment, including paid leave, unless the employee qualified for a disability premium waiver (refer to Chapter 14) or qualified and applied to continue Group Life Insurance coverage after termination (refer to subchapter 1603).
- Thirty days after the date of expiration of an authorized leave or layoff during which the employee continued coverage by paying premiums in advance if the employee does not return to work.
- The last day of the month following the month in which the employee cancels coverage by filing a *Life Insurance Application/Cancellation/Refusal* (ET-2304) with the employer.
- The last day for which premiums were paid when an employee lets coverage lapse. This most often applies to an employee who is continuing coverage during an unpaid leave, layoff, or appeal of a discharge.
- The end of 60 days when an insured employee, who is receiving earnings, fails to pay premiums. The 60-day period begins the end of the last month for which premiums were paid.

- The date a disability premium waiver is terminated due to the employee's recovery or failure to provide medical certification.
- The date on which the employer's participation is discontinued by action of the governing body of a local government employer, the Department of Employee Trust Funds, or the Group Insurance Board. This does not apply to former employees who have continued coverage after termination or during periods of disability.
- The date the employee turns age 70 (except Basic coverage at the final reduced amount and Age 70 and Over Additional, if applied for).
- For Age 70 and Over Additional coverage only, the date the employee terminates employment.

Note: Refer to subchapter 1612 for a Quick Reference chart on Termination Dates.

1601 Date of Termination of Spouse & Dependent Coverage

Spouse & Dependent coverage ceases on the earliest of:

- The end of the month following the month in which the employee terminates employment.
- The date the employee reaches the insurance reduction age (usually age 65) if the employee's premiums have been waived due to disability.
- The date the employee's coverage ceases as provided in subchapter 1600.
- Ninety days after the employee dies.
- For a spouse, on the date a divorce decree is entered.
- For a child, the earliest of the end of the calendar year in which the child:
 - Reaches age 19 if not a full-time student, **or**
 - Reaches age 25 if a full-time student, **or**
 - Is over age 19 and ceases to be a full-time student, **or**
 - Is no longer dependent on the employee for at least 50% of support or maintenance.
- For a child who marries, the end of the calendar month in which the child marries.
- For a child incapable of self-support due to a long-term physical or mental disability, the date the disability ceases or the date of marriage, whichever is earlier, regardless of age or student status.

1602 Termination of Coverage for Active Employees Who Reach Age 70

Supplemental, Additional, Accidental Death & Dismemberment, and Spouse & Dependent coverages cease when an insured active employee reaches age 70. Basic coverage automatically continues at the reduced amount. For many local government employers, the final reduced amount is 25% of the employee's Basic coverage amount at the time the employee reached age 70. The final reduced amount is 50% of the employee's Basic coverage amount for State employees and for local government employees whose employers have elected to offer that level of post-retirement coverage. Refer to subchapters 300 and 906.

An active employee may apply for Age 70 and Over Additional coverage if the employer offers the Additional plan. Refer to subchapters 302 and 406.

If the employee has Spouse & Dependent coverage, the employee's spouse and/or dependent may convert to an individual policy. (Refer to subchapter 1611.)

1603 Eligibility to Continue Group Life Insurance After Employment Terminates

A. In order to be eligible to continue group life insurance after termination, the employee must have:

1. WRS coverage prior to 1990 (without taking a separation benefit for this period of service); **OR**
2. At least one month of life insurance coverage in each of five calendar years after 1989.

AND

B. One of the following:

1. The employee is receiving an immediate WRS annuity or has met all of the requirements except the filing of an application; **OR**
2. Has 20 years of service comprised of years of WRS creditable service earned prior to 1990 plus years of group life insurance coverage after 1989; **OR**
3. Has 20 years of service, including part-time and/or non-WRS-covered service with the employer from which the employee is terminating.

Note: Private Pension Plan Participants – Private pension employers (Wisconsin public employers that do not participate in the WRS) must certify that the employee has at least 20 years under their retirement plan. The *Employee/Employer Certification* (ET-4620) serves as the employee's application for continued group coverage as well as the employer's certification of insurance coverage and years of service. This form is available from ETF.

1604 Employer Responsibilities When an Employee Terminates Employment

Note: Special options may be available to employees who are terminating because of disability. Refer to Chapter 14.

It is the employer's responsibility to:

- A. Identify when the last premium payment is due.
- B. Inform the employee of the date life insurance coverage will end.
- C. Refund any overpayments. Overpayments may occur when premiums are deducted from an employee's paycheck several months in advance of the coverage month.
- D. Inform the employee of options for continuing or converting life insurance coverage and provide the proper application form.

Employee Conditions at Termination	Conversion or Continuation	Subchapter for Details	Forms
1. Insured less than six continuous full months at the time coverage ends.	Neither	1603	None
2. Insured for six or more continuous months at the time coverage ends; qualifies for group coverage.	Continuation	1603 & 1609	ET-2154
3. Insured for six or more continuous months at the time coverage ends; does not qualify for group coverage.	Conversion	1603 & 1611	ET-2306
4. Under age 70 having Spouse & Dependent coverage in force for at least six months prior to termination.	Conversion (Spouse & Dependent Coverage)	1611	ET-2306
5. Individuals too young to retire who qualify for group life coverage after termination.	Continuation	1603 & 1609	ET-2154
6. Individuals at retirement age who choose to defer retirement benefits and who qualify for group life coverage after termination.	Continuation	1603 & 1609	ET-2154
7. Individuals who choose to begin a WRS annuity or lump sum payment within 31 days of qualifying for continued coverage.	Continuation	1603, 1606, 1607 & 1608	ET-4802 (Completed by ETF)

1605 Completing the Continuation Application

Note: Employees who will begin a WRS annuity within 31 days of the date coverage ends should not file this form. ETF will automatically arrange for continuation.

When a terminating employee qualifies (or may qualify) to continue group life insurance, provide the employee with a *Continuation Application* (ET-2154). This form includes a work sheet that permits the employee to determine whether they are eligible for continuation.

- A. Employer completes Parts A, B and C of the *Continuation Application* as noted below, retaining the employer ply for their records.
 1. Employee name, Social Security number, gender, and date of birth.
 2. Date employment began with this employer (i.e., the employment hire date not the WRS enrollment date).
 3. Date employment terminated with this employer (i.e., the WRS termination date).
 4. Last coverage month for which premiums were paid. Premiums should only be paid for the month of termination and the following month. Refund any premium paid for coverage for later months.
 5. Previous calendar year's earnings.
 6. Amount of employee's coverage under Basic, Supplemental and/or Additional Plans. Complete as of the date of termination. (Coverage amounts may increase on January 1 based on the employee's previous year of earnings, provided the employee is still on payroll on January 1.)
 7. Monthly employee premium for each coverage. Do not include the required employer contribution.
 8. Total annual premium for all levels of coverage.
- B. Employee completes the Employee Section, returns the top two plies to ETF and retains the employee copy for their records.
- C. The *Continuation Application* will be processed by ETF and Minnesota Life Insurance Company (MLIC) will bill the employee for the coverage.

Group Life Insurance
Chapter 16 — Termination of Group Insurance Coverage
Page 6

1606 Continuation Application (ET-2154)

DEPARTMENT OF EMPLOYEE TRUST FUNDS
P.O. Box 7931
Madison, WI 53707-7931

CONTINUATION APPLICATION
Group Life Insurance
Section 40.72 (4), Wis. Stat.

EMPLOYER: Complete the information in Parts A, B, and C below. Keep a copy for your records, then give the entire form, including the cover sheet, to the employee.

A. EMPLOYEE NAME (Last, first middle, maiden/former)			Social Security Number	
Date Employment Began With This Employer (MM/DD/CCYY)	Date Employment Terminated With This Employer (MM/DD/CCYY)	Birthdate (MM/DD/CCYY)		SEX <input type="checkbox"/> M <input type="checkbox"/> F
Last Coverage Month For Which Premiums Were Paid: <small>(Premiums are for the month of termination and the following month. Refund any premiums paid for later months.)</small>			Previous Calendar Year WRS Earnings \$ _____ Year	

B. CURRENT COVERAGE AMOUNT AND ANNUAL PREMIUM

PLAN		MONTHLY PREMIUM	CURRENT ANNUAL PREMIUM	
BASIC	\$	\$	X 12 =	\$
SUPPLEMENTAL	\$	\$	X 12 =	\$
ADDITIONAL	\$	\$	X 12 =	\$
TOTAL COVERAGE	\$		TOTAL PREMIUM	\$

C. I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that to the best of my knowledge and belief, the information is true and correct.

Date Prepared (MM/DD/CCYY)	Employer Agent Signature		
Prepared By	Telephone Number ()	ETF Employer Number 69-036-	
Employer Name/ WI Department of		Local Employer Billing Unit No.	

EMPLOYEE: Complete the information below, sign and date the form, and return it to the Department of Employee Trust Funds within 31 days after the date your insurance coverage ends. Make a photocopy for your records.

- Check any of the statement(s) that apply to you:
☐ I was covered under the Wisconsin Retirement System (WRS) before 1990.
☐ I was covered under the group life insurance plan for a part of at least 5 calendar years.
If you checked either statement, go to question 2. If neither statement applied to you, you do not qualify to continue the insurance.
- Check any of the statement(s) that apply to you:
☐ I meet all the requirements for receiving an immediate WRS annuity except filing the application.
☐ The sum of my creditable years of WRS service before January 1, 1990 plus the number of years I have participated in the life insurance plan beginning on January 1, 1990 equals 20 years.
☐ The number of years I have been employed with my last employer is 20 years or more.
If you did not check any of the above, you do not qualify to continue life insurance. If you checked at least one of the above, you qualify to continue the life insurance. If you qualify, please answer questions 3 and 4 below.
- I want to continue all of my current coverage listed above in Section B. ☐ Yes ☐ No*
*If you answered "No", please complete and attach an *Application Cancellation/Refusal* form (ET-2304) indicating which coverage you wish to cancel.
- I prefer to be billed: ☐ Annually ☐ Semiannually
Premiums are due until age 65. They are based on the current rates in effect for your age group.
- Certification/signature: I have read the entire "Continuation Application" and I understand it. I wish to continue my group life insurance coverage. I understand that if I fail to pay premiums in the future, my insurance coverage will lapse on the last day for which premiums were paid and will not be reinstated unless premiums are paid within 30 days. I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that to the best of my knowledge and belief, the information is true and correct.

Date (MM/DD/CCYY)	Employee Signature			Telephone Number (8 a.m. - 4 p.m.)
Address	Street	City	State	Zip

ET-2154 (REV 08/2004)

ET-1117 (REV 06/2008)

1607 Employer Responsibilities When An Employee Is Considering Retirement

Once you become aware that an employee is considering retirement:

- A. Advise the employee to contact ETF at least six to twelve months before the planned retirement date. ETF will send the employee a retirement packet including a brochure entitled *Your Group Life Insurance When You Retire* (ET-4104). An evaluation of the employee's eligibility to continue insurance will be included.
- B. Advise the employee to consider the impact their retirement date may have on qualifying for insurance continuation.
 - 1. The employee may qualify for insurance continuation, which otherwise would not be available, by working until they:
 - Meet the 20-year requirement, **OR**
 - Reach minimum retirement age. (Minimum retirement age is defined by Wis. Stat. § 40.72 (4) as age 50 for protective or age 55 for teachers, general, educational support personnel, elected, and executive employees).
 - 2. The employee may want to postpone retirement until after the end of the calendar year in order to qualify for a higher post-retirement coverage amount (assuming the earnings in that calendar year will be higher than previous years).
- C. Advise employees who do not wish to continue life insurance through their annuity to complete a *Life Insurance Application/Cancellation/Refusal* (ET-2304) canceling coverage.

1608 Coordinating Premium Payments with Annuity Deduction

- A. No *Continuation Application* (ET-2154) is required if the employee meets the eligibility criteria to continue Group Life Insurance as explained in subchapter 1603 and the employee's WRS annuity effective date is within 31 days after the date insurance coverage ends. ETF will automatically deduct premiums from their annuity. There is no required employer contribution for employees who continue coverage after retirement. (Refer to subsection 1609 for information about ETF's certification of coverage for annuitants.)

EXAMPLE: Employee terminates on June 8 and is eligible to continue life insurance coverage. Coverage would normally end on July 31, but it will be automatically continued by ETF if the employee takes a retirement annuity that begins on or before August 31.

- B. If the annuity is insufficient to cover the premium, MLIC will bill the annuitant directly.

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Chapter 16 — Termination of Group Insurance Coverage
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- C. Determine when the last premium payment is due and refund any over-payments.
 If the employee retires:
1. Before the 11th of the month and will begin a WRS annuity, a premium deduction should be taken for only the coverage month following termination.
 2. After the 10th of the month and will begin a WRS annuity, a deduction should be taken for the second coverage month following termination.
- D. Use the following table to determine whether premiums are to be deducted from the retiring employee's salary, to avoid any lapse in coverage.

Conditions of Employee Retirement		Deductions to be Made by Employer from Salary		Deductions to be Made by ETF from Annuity Checks	
Employee retires before age 65 on or before the tenth of the month and applies for an immediate annuity		Deduct monthly premiums from employee's salary through the month prior to retirement, for coverage one month beyond the month of termination.		Premiums for coverage beginning two months after the termination month will be deducted from employee's first annuity check.	
EXAMPLE:					
Retirement Date:	Age at Retirement:	Last Premium deducted from salary in:	For coverage in:	First Annuity Deduction made in:	For coverage in:
12/10	64 yr. 0 mos.	November	January	December	February

Conditions of Employee Retirement		Deductions to be Made by Employer from Salary		Deductions to be Made by ETF from Annuity Checks	
Employee retires before age 65 after the tenth of the month and applies for an immediate annuity.		Deduct monthly premiums from employee's salary in the month of termination, for coverage two months beyond the month of termination.		Premiums for coverage beginning three months after the termination month will be deducted from employee's first annuity check.	
EXAMPLE:					
Retirement Date:	Age at Retirement:	Last Premium deducted from salary in :	For coverage in:	First Annuity Deduction made in:	For coverage in:
12/31	64 yrs. 0 mos.	December	February	January	March

Conditions of Employee Retirement		Deductions to be Made by Employer from Salary		Deductions to be Made by ETF from Annuity Checks	
Employee retires at age 65 or later.		Deduct monthly premiums from employee's salary for coverage during any portion of a month while the employee was still working. Do <u>not</u> deduct premiums for coverage for any month following termination.*		No premiums will be deducted from annuity checks after age 65, for <u>any</u> retiree.	
EXAMPLE:					
Retirement Date:	Age at Retirement:	Last Premium deducted from salary in :	For coverage in:	First Annuity Deduction made in:	For coverage in:
12/10	65 yrs. 0 mos.	October	December	None	---

- * Supplemental and Additional coverage ceases at the end of the month of termination. Spouse & Dependent coverage will cease at the end of the month following the month of termination, therefore, although premiums cease for all employee coverage, premiums for Spouse & Dependent coverage should be deducted for coverage following the month of termination.

- E. Coverage for Age 70 and Over Additional Insurance will end on the date the employee terminates employment. Premiums should be deducted only for coverage through the month of the employee's retirement. Excess premiums that may have been taken for coverage month(s) beyond the employee's month of retirement must be refunded.
- F. Local government employers wishing to pay all premiums for a retired employee up to age 65, billing can be arranged by MLIC. The employer must notify ETF's Benefit Appraisal Section in writing that it agrees to pay the entire premium until age 65. ETF will then certify the employer-paid coverage to MLIC using the *Group Life Insurance Certification of Coverage* (ET-4802). These retirees will appear as a separate billing unit on the employer's monthly billing.

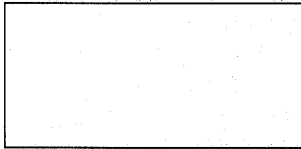
Note: Local government employers wishing to pay just a portion of the retiree's premium can simply reimburse the retiree up to the desired amount.

1609 ETF Certifies Group Life Insurance Coverage for Annuitants

Qualified annuitants under age 65 may continue their Basic, Supplemental, and Additional coverage until they reach age 65. The coverage amount and premium will be the amount that was in force at the time of retirement. The premium will be adjusted in the future based on the annuitant's age and premium rate changes. There is no required employer contribution for employees who continue coverage after retirement. Basic coverage for annuitants over age 65 will continue for life at a reduced amount with no premiums due.

When the employee applies for an annuity, ETF will prepare a *Group Life Insurance Certification of Coverage* (ET-4802). A sample of this form is in subchapter 1608. The employer representative, the retiree, and MLIC will each be sent a copy. If any of the information certified by ETF (e.g., premium paid through, coverage amount and type, and termination date) contradicts the employer's records, the employer representative should contact ETF to determine if a correction will be made.

1610 Group Life Insurance Certification of Coverage (ET-4802)



Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

**GROUP LIFE INSURANCE
CERTIFICATION OF COVERAGE**

Wis. Stat. § 40.72

Name (Last, First)	Birthdate (MM/DD/CCYY)	Social Security Number
Employer Name	Employer No. 69-036-	Termination Date (MM/DD/CCYY)

You qualify to continue your Wisconsin Public Employers Group Life Insurance.

- ☐ Since you are 65 years old or older, no further premiums are due and the policy remains in force for your lifetime. Any Supplemental, Additional, and/or Accidental Death & Dismemberment coverage(s) will end when you terminate covered employment, or on your 70th birthday, whichever is earlier. Your Spouse and Dependent coverage, if any, will end at the end of the month following the month in which you terminate covered employment (or on your 70th birthday, if earlier).
- ☐ Premiums will be deducted from your retirement annuity until you are age 65, at which time no further premiums are due and the policy remains in force for your lifetime. Any Supplemental, Additional, and/or Accidental Death & Dismemberment coverage(s) will end at age 65. Your Spouse and Dependent coverage, if any, will end at the end of the month following the month in which you terminate covered employment (or on your 70th birthday, if earlier).

COVERAGE BASED ON CALENDAR YEAR		EARNINGS OF \$			
Total Monthly Premium	Premiums Deducted By Your Employer		Deductions Will Begin From Your Annuity		Last Premium Will Be Deducted (MM/CCYY)
	Mo. Deducted	Coverage For	Mo. Deducted	Coverage For	
\$		*			
\$					

AMOUNT OF INSURANCE IN FORCE

AGE	PERCENT OF INSURANCE COVERAGE TO BE CONTINUED	BASIC	SUPPLEMENTAL/ADDITIONAL – UNIT 1, 2, 3 (If Applicable)			
			SUPP.	ADD-1	ADD-2	ADD-3
Premium ****		\$	\$	\$	\$	\$
AMOUNT OF COVERAGE						
Prior to Age 65	100%**	\$	\$	\$	\$	\$
While Age 65	75%	\$				
While Age 66	50%***	\$				
Age 67 and After	25%	\$				

* If you have had deductions for coverage beyond this month, contact your employer for a refund.

** Your coverage remains at 100% while under WRS employment, until your retirement date (or age 70, if earlier). After termination, your coverage remains at 100% until age 65.

*** The minimum 50% amount remains in force on and after the 66th birthday for the following two groups only:

- All state employees; and
- Employees of those public employers who by resolution have elected 50% option.

**** Premium amounts may be adjusted in the future based on your age or rate changes authorized by the Group Insurance Board.

Date (MM/DD/CCYY):	Prepared By:	Telephone Number: (608) 26
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NOTE TO EMPLOYER/EMPLOYEE: If the coverage base or premiums reported above are not correct, you must advise this office.

1611 Conversion to an Individual Policy

If coverage terminates under the first two conditions as described in subchapter 1600, the employee may apply for an individual life insurance policy during the 31-day period following termination of coverage, provided insurance has been in force during the entire six months preceding termination [(Wis. Stat. § 40.70 (9))]. An insured spouse or dependent child may also convert their amount of coverage under the Spouse & Dependent Plan to an individual policy. Medical examination or evidence of insurability is not required, but the following conditions apply.

A. **Written Application** – Written application must be made and the first premium paid within 31 days after termination of coverage. The policy will be issued at the end of the 31-day period. The premium rate is dependent upon the:

- type(s) of coverage
- amount(s) of coverage
- insured's age (based on the nearest birthday)
- insured's risk class

The application form and rate tables are included in the *Information/Application for Converting Group Life Insurance* brochure (ET-2306). The employee may download the form from ETF's Internet site at <http://etf.wi.gov>. This form can also be requested directly from MLIC by calling (608) 277-8690. Questions concerning conversion may be directed to:

Minnesota Life Insurance Company
P.O. Box 259708
Madison, WI 53725-9708

If coverage has lapsed for over 30 days without premium payment, and the employee does not resume active employment, the employee may not convert the insurance to an individual policy.

- B. **Type of Individual Life Insurance** – The individual life insurance policy may be any type customarily issued by MLIC, except term life insurance. Currently, the conversion policy is a whole-life policy that builds cash value; it does not provide for waiver of premiums or accidental death benefits.
- C. **Amount of Insurance** – The employee chooses an insurance amount, equal to or less than the amount of insurance in effect immediately prior to termination.
- D. **Deaths during the Conversion Period** – If the insured's death occurs in the 31-day conversion period the full amount of group life insurance will be paid, whether or not the insured had applied for conversion or paid the first premium for the individual policy.

1612 Quick Reference on Termination Dates and Premiums

EVENT	Occurrence Date	Last Premium Due For Coverage Month Of:	Coverage Ends	Continuation or Conversion Application Due	Last Spouse & Dependent Premium Due For	Spouse & Dependent Coverage Ends	Spouse & Dependent Conversion Application Due
Termination of Employment Under age 65 and no immediate annuity	June 10	July	July 31	Aug 31	July	July 31	Aug 31
Retirement	June 1-10	July	N/A*	N/A*	July	July 31	Aug 31
Under age 65 (Continuing Annuitant Coverage)*	June 11-30	August	N/A*	N/A*	July	July 31	Aug 31
Age 65 – 69	June 10	June	June 30	N/A	July	July 31	Aug 31
Age 70 and older with Age 70 and Over Additional Coverage	June 10	June	June 10	N/A	N/A	N/A	N/A
Active Employee Turns Age 70**	June 10	May	June 10	June 9 (for Age 70 and Over coverage only)	May	June 10	July 11
Appealing a Dismissal	June 10	July	July 31	Coverage may continue after an involuntary discharge if the discharge is appealed within 30 days after it occurs. Employee pays both the employee and employer share during the appeal.			
Leave of Absence/Layoff	June 10	July	July 31	Coverage may continue for up to 36 months. The employee must make payments in advance (through the employer) for a period of at least three months.			
Military Leave	June 10	July	July 31	Coverage may continue during military leaves by continuing the payment of premiums. If the employee wants coverage to lapse while on leave, premium payments should be discontinued. Coverage can then be resumed upon return from military leave. Do NOT have the employee file a <i>Life Insurance Application</i> (ET-2304) canceling coverage if the employee only wants to discontinue coverage temporarily. If a cancellation is filed, the employee can only reapply through evidence of insurability.			

EVENT	Occurrence Date	Last Premium Due For Coverage Month Of:	Coverage Ends	Continuation or Conversion Application Due	Last Spouse & Dependent Premium Due For	Spouse & Dependent Coverage Ends	Spouse & Dependent Conversion Application Due
Death	June 10	June	N/A	N/A	June	Sept. 8	Sept. 8
Cancellation (date employer receives form)	June 10	July	July 31	N/A	July	July 31	N/A
	Before coverage is effective	No premium due	N/A	N/A	N/A	N/A	N/A
Disability Waiver of Premiums Approval Date	June 10 (last day paid)	June	N/A	N/A	June	N/A	N/A

* Coverage does not end, and no application is required for continuation of coverage if the employee qualifies for continuation and will begin a WRS annuity by the date the continuation application would otherwise be due. ETF automatically arranges for continuation of premium deductions. A cancellation form must be filed if the annuitant wishes to discontinue any or all coverage.

** All Supplemental, Additional and Spouse & Dependent coverage ends on the date an active employee turns age 70. Basic coverage remains at the final reduced amount. Employee may apply for Age 70 and Over Additional coverage within 30 days prior to attaining age 70. The employee's spouse and/or dependent may convert.

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

CHAPTER 17 — LOCAL GOVERNMENT EMPLOYER WITHDRAWAL

- 1700 Local Government Employer Withdrawal from Program**
- 1701 Local Government Employer Termination**
- 1702 Local Government Employer Rejoining after Withdrawal**
- 1703 *Withdrawal Resolution (ET-1307)***

1700 Local Government Employer Withdrawal from Program

The governing body of any local government employer may withdraw from the Group Life Insurance program. Withdrawal becomes effective the first day of the fourth month after the date the withdrawal resolution is received by the Department of Employee Trust Funds (ETF) [Wis. Stat. § 40.70 (4)]. Refer to the sample resolution in subchapter 1703.

When an employer withdraws from the program, insurance remains in force for the following employees:

- A. Any employee who terminated or retired prior to the effective date of withdrawal and who qualified for continuation of insurance.
- B. Any employee for whom a waiver of premiums is in effect prior to the effective date of withdrawal.
- C. Any employee who has attained age 70 and has Basic coverage, only the Basic coverage will remain in force.

Except as provided in 'C' above, in no instance will the insurance provided by this plan continue for an employee who is actively employed by the employer after the employer's effective date of the withdrawal.

The resolution to withdraw from the program, or any individual coverage plan, may be rescinded before it goes into effect. To rescind a resolution, the governing body must submit a certified copy of the nullifying resolution to ETF [Wis. Stat. § 40.70 (4) (a) 3.]. The head of the governing body must sign the nullifying resolution.

1701 Local Government Employer Termination

A local government employer's participation in the Group Life Insurance program may be terminated by ETF or the Group Insurance Board as provided in Wis. Admin. Code ETF § 60.31 (2) under the following circumstances:

A. Participation has declined to zero.

If employee participation in the Basic plan has declined to zero, so that no employee is currently covered by any plan and the employer confirms this fact, ETF may terminate the resolution.

B. Participation has fallen below the 50% minimum.

If ETF determines that employee participation has fallen below the 50% minimum required by Wis. Stat. § 40.70 (2), the matter may be referred to the Group Insurance Board, which may terminate the resolution.

1702 Local Government Employer Rejoining after Withdrawal

An employer previously covered under group life insurance that withdrew by resolution or was terminated may re-enter the plan at a later date, subject to the provisions currently in effect. ETF may accept or reject the new resolution to participate at its discretion and may charge the employer an assessment for any post-retirement insurance liability [Wis. Stat. § 40.70 (5)].

1703 Withdrawal Resolution (ET-1307)

Department of Employee Trust Funds
Wisconsin Retirement System
P.O. Box 7931
Madison, WI 53707-7931

**RESOLUTION TO WITHDRAW FROM THE WISCONSIN PUBLIC EMPLOYERS'
GROUP LIFE INSURANCE PROGRAM(S)**

Check box(es):

- ☐ Basic Group Life Insurance
- ☐ Supplemental Group Life Insurance
- ☐ Additional Group Life Insurance
- ☐ Spouse and Dependent Group Life Insurance

Pursuant to the provisions of Wis. Stat. § 40.70(4), the

_____ of _____
(Governing Body) (Employer)

resolves to withdraw from participation in the Wisconsin Group Life Insurance Program
effective on the first of the month after 90 days following the receipt in the office of the
State Department of Employee Trust Funds

EFFECTIVE DATE OF CANCELLATION ENTERED BY DETF: _____

CERTIFICATION

I hereby certify that this is a true, correct and complete copy of the resolution
passed by the _____ of the

(Governing Body) (Employer) on the _____
day of _____, 20 _____.

Employer Representative

Title

Address

**Department of Employee Trust Funds
GROUP LIFE INSURANCE ADMINISTRATION MANUAL**

**CHAPTER 18 — REINSTATEMENT OF COVERAGE LOST THROUGH
EMPLOYER ERROR**

- 1800 Statutory and Contractual Provisions**
- 1801 Types of Employer Errors that Can be Corrected**
- 1802 How to Correct an Employer Error**
- 1803 Errors Not Eligible for Correction**
- 1804 Deadline for Reporting of Employer Error**

1800 Statutory and Contractual Provisions

From time to time, an employee misses the open enrollment for Group Life Insurance coverage or later loses coverage due to an error made by the employer. Wis. Stat. § 40.70 (7m) permits coverage to be reinstated without requiring that the employee provide evidence of insurability under certain circumstances. The Wisconsin Group Life Insurance Contract provides that:

An application shall be approved beyond the 30-day period after the employee becomes eligible without providing evidence of insurability if all of the following conditions are met:

- A. The employer furnishes sufficient information to the Department of Employee Trust Funds (ETF) indicating the employer did not advise the employee of eligibility, provide an application form, submit premium payments, or perform other enrollment requirements;
- B. The employee files a new *Life Insurance Application/Cancellation/Refusal* (ET-2304) provided by ETF which must be received by the employer within 30 days after the employee first becomes aware of the employer error; and
- C. ETF finds that the employee was denied coverage as a result of employer error as specified in Wis. Stat. § 40.70 (7m).

If the application is approved, coverage will become effective the first day of the calendar month on or after the date the employer received the application from the employee.

If the error cannot be corrected under the employer error provisions, the employee can apply for coverage by providing evidence of insurability. An *Evidence of Insurability Application* (ET-2305) must be submitted prior to reaching age 70 (refer to Chapter 7).

The Wisconsin Group Life Insurance Contract further provides:

In instances where premium payment was instituted but a properly completed application was not received by the employer (within 30 days after the employee

becomes eligible) and filed with ETF, the employee's premiums will be refunded since there is no coverage.

Insurance coverage will be considered canceled if an employee who is receiving earnings fails to make required premium payments during a consecutive 60-day period, commencing with the first day for which premiums have not been paid, except where the employer has elected to pay the entire premium for all its employees. Cancellation under this provision shall not preclude the employee from obtaining life insurance coverage after the 60 days have elapsed if premiums were omitted as a result of employer error. A new application for coverage must be filed within 30 days after the employer issues written notice of error to the employee.

1801 Types of Employer Errors that Can be Corrected

The following chart illustrates some of the more common errors made by employers and provides tips on how to avoid these types of errors. While this chart provides examples of employer errors, it is not all-inclusive.

Types of Employer Errors:	How to Avoid These Types of Errors:
Failure to provide life insurance information or an application to the employee within 30 days after the employee becomes eligible for coverage.	Employers are encouraged to use the <i>New Employee Benefit Checklist</i> (ET-2572) or develop their own orientation checklist to use for all new hires. The checklist will help verify that the employee is eligible and that all benefit information and applications were given to the employee. The employee should sign the checklist verifying that they have received all applications/forms. Employers can then retain a copy of the signed checklist in the employee's personnel file for future confirmation that the employee received all the information listed on the checklist.
Excludes employee based on misinterpretation of eligibility or systematically excludes groups of employees. (Employee includes full-time, part-time, limited term, temporary, project, seasonal, non-represented, substitute teachers, library aides, etc., irrespective of bargaining unit agreements.)	Employers <u>must</u> offer life insurance coverage to all employees provided the employee: <ul style="list-style-type: none"> Has been covered by the WRS (or the employer's qualified private pension plan for non-WRS employers) for six months. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Is under age 70 on the date that coverage becomes effective. (Refer to subchapter 400-Employee Eligibility Criteria and exceptions).
Miscalculates the date on which the employee will become eligible for life insurance.	A previous service check must be performed whenever you hire a new employee. ETF provides the following methods to help determine when an employee is eligible to participate in the Group Life Insurance program:

Types of Employer Errors:	How to Avoid These Types of Errors:
	<ul style="list-style-type: none"> • Access ETF's Online Network for Employers Previous Service application (Refer to subchapter 402-WRS Previous Service Check). • Complete a <i>WRS Previous Service Check</i> form (ET-1715) and fax it to ETF at (608) 266-5801. • Call the Employer Communication Center toll free at (888) 681- 3952 or locally at (608) 264-7900 and request a previous service check.
Unaware of WRS eligibility date, and reports WRS enrollment late.	<p>Employers should continually monitor an employee's work hours when the employee is determined not to be initially eligible for WRS. (Refer to Chapter 3 of the <i>WRS Administration Manual</i> (ET-1127).</p> <p>Note: All WRS eligible employees <u>must</u> be offered life insurance coverage.</p> <p>The employee must apply within 30 days of being informed of insurance eligibility.</p>

1802 How to Correct an Employer Error

When the employer becomes aware that an employee does not have coverage due to employer error, the employer must:

- A. Immediately notify the employee of the error in writing and provide the employee with a new *Life Insurance Application/Cancellation/Refusal* (ET-2304). The employee must return the application to the employer within 30 days of being informed of the error. Once coverage has lapsed, a new application is ALWAYS required to reinstate coverage. Employees who are on leave of absence when an error is discovered may apply for coverage within 30 days of their return to work.
- B. Send the application to ETF accompanied by a letter explaining the error. The letter should answer the following questions:
 1. What is the exact nature of the error?
 2. What evidence exists to show that the employer, not the employee, was responsible?
 3. Did special circumstances cause the error to be made?
 4. How and when was the error discovered?

5. What was done once the error was discovered?
 6. What corrective action has the employer put in place to ensure that this type of error does not reoccur?
- C. Initiate premium deductions immediately when an application is filed under employer error. Although premiums may be deducted from an employee's salary, coverage is not guaranteed until ETF approves it.
- D. ETF will notify both the employer and employee of approval or disapproval of the coverage. If approved, coverage will be effective on the first of the month on or following the date the employer received the application. The employer must refund any premium deductions made if coverage is not approved.

1803 Errors Not Eligible for Correction

The employer error provisions do not apply to errors primarily due to the employee's action or inaction. Examples of such situations include:

Employee is given application materials but forgets to submit completed application.

Employee receives written notice of fringe benefits coverage from the employer but fails to report coverage discrepancies to the employer.

- A. Employee completes cancellation form incorrectly and inadvertently cancels more coverage than was intended. (A cancellation form can be withdrawn only before the effective date of the cancellation.)
- B. Employee terminates employment and fails to apply for continuation of coverage within 31 days after active coverage lapses.

Note: In no event can coverage be reinstated after the employee terminates employment or dies.

If the error cannot be corrected under the employer error provisions, the employee can only obtain coverage by furnishing satisfactory evidence of insurability prior to reaching age 70 (refer to Chapter 7).

1804 Deadline for Reporting of Employer Error

Errors are resolved individually and there is no single deadline that applies in all circumstances. Employers may use the annual renewal census to verify all employee coverages. Many employees receive an annual fringe benefit statement showing insurance coverage. Employees should promptly report any discrepancy to the employer. If the error is not discovered at the time of the next renewal census or annual fringe benefit statement, the employer must explain any special circumstances that prevented prompt detection of the error.

Appendix A - Wisconsin Statutes

Wisconsin Statutes govern the administration of the Group Life Insurance program. The following sections contain the major provisions.

A. **Wis. Stat. § 40.02 (22) "Earnings":**

(a) Except as provided in pars. (b) to (f) and s. 40.63 (1) (c), means the gross amount paid to an employee by a participating employer as salary or wages, including amounts provided through deferred compensation or tax shelter agreements, for personal services rendered to or for an employer, or which would have been available for payment to the employee except for the employee's election that part or all of the amount be used for other purposes and also includes the money value, as determined by the employer, of any board, lodging, fuel, laundry and other allowances provided for the employee in lieu of money. For purposes of this paragraph, the gross amount shall be determined prior to deductions for taxes, insurance premiums, retirement contributions or deposits, charitable contributions or similar amounts and shall be considered received as of the date when the earnings would normally be payable by the employer. For reporting and computation purposes, fractions of a dollar shall be disregarded in determining annual earnings.

B. **Wis. Stat. § 40.02 (54) "State Agency":**

means any office, department or independent agency in the executive, legislative and judicial branches of state government and includes the following:

- (b) The Wisconsin Housing and Economic Development Authority.
- (c) The Wisconsin Health and Educational Facilities Authority.
- (e) The community development finance authority created under ch. 233, 1985 stats., before July 1, 1988.
- (f) The nonprofit corporation with which the department of workforce development contracts under s. 47.03 (1m) (a), 1989 stats.
- (g) The World Dairy Center Authority.
- (h) The University of Wisconsin Hospitals and Clinics Authority.
- (i) The Fox River Navigational System Authority.
- (j) The Wisconsin Aerospace Authority.
- (L) The Health Insurance Risk-Sharing Plan Authority.

C. **Wis. Stat. § 40.03 (6) Group Insurance Board. The group insurance board:**

- (a) 1. Shall, on behalf of the state, enter into a contract or contracts with one or more insurers authorized to transact insurance business in this state for the purpose of providing the group insurance plans provided for by this chapter; or
- 2. May, wholly or partially in lieu of subd. 1., on behalf of the state, provide any group insurance plan on a self-insured basis in which case the group insurance

board shall approve a written description setting forth the terms and conditions of the plan, and may contract directly with providers of hospital, medical or ancillary services to provide insured employees with the benefits provided under this chapter.

(b) May provide other group insurance plans for employees and their dependents and for annuitants and their dependents in addition to the group insurance plans specifically provided under this chapter. The terms of the group insurance under this paragraph shall be determined by contract, and shall provide that the employer is not liable for any obligations accruing from the operation of any group insurance plan under this paragraph except as agreed to by the employer.

(c) Shall not enter into any agreements to modify or expand group insurance coverage in a manner which conflicts with this chapter or rules of the department or materially affects the level of premiums required to be paid by the state or its employees, or the level of benefits to be provided, under any group insurance coverage. This restriction shall not be construed to prevent modifications required by law, prohibit the group insurance board from modifying the standard plan to establish a more cost effective benefit plan design or providing optional insurance coverages as alternatives to the standard insurance coverage when any excess of required premium over the premium for the standard coverage is paid by the employee or prohibit the group insurance board from providing other plans as authorized under par. (b).

(d) May take any action as trustees which is deemed advisable and not specifically prohibited or delegated to some other governmental agency, to carry out the purpose and intent of the group insurance plans provided under this chapter, including, but not limited to, provisions in the appropriate contracts relating to:

1. Eligibility of active and retired employees to participate, or providing the employee the opportunity to decline participation or to withdraw.
2. The payments by employees for group insurance.
3. Enrollment periods and the time group insurance coverage shall be effective.
4. The time that changes in coverage and premium payments shall take effect.
5. The terms and conditions of the insurance contract or contracts, including the amount of premium.
6. The date group insurance contracts shall be effective.
7. Establishment of reserves.

(e) Shall apportion all excess moneys becoming available to it through operation of the group insurance plans to reduce premium payments in following contract years or to establish reserves to stabilize costs in subsequent years. If it is determined that the excess became available due to favorable experience of specific groups of employers or specific employee groups, the apportionment may be made in a manner designated to benefit the specific employers or employee groups only, or to a greater extent than other employers and employee groups.

(f) Shall take prompt action to liquidate any actuarial or cash deficit which occurs in the accounts and reserves maintained in the fund for any group insurance benefit plan.

(g) Shall determine the amount of insurance and extent of coverage provided and amount of premiums required during a union service leave. The amount of insurance and extent of coverage shall be not less than that in effect immediately preceding the commencement of the union service leave.

(h) Shall, on behalf of the state, offer as provided in s. 40.55 long-term care insurance policies, subject to the following conditions:

1. For purposes of this paragraph only, pars. (a) 2., (b), (e), (f) and (g) do not apply.

2. For purposes of this section, the offering by the state of long-term health insurance policies shall constitute a group insurance plan under par. (a) 1.

(i) Shall accept timely appeals of determinations made by the department affecting any right or benefit under any group insurance plan provided for under this chapter.

(j) May contract with the department of health and family services and may contract with other public or private entities for data collection and analysis services related to health maintenance organizations and insurance companies that provide health insurance to state employees."

D. Wis. Stat. § 40.05 (6) Life insurance premiums. For the life insurance coverage provided under subch. VI:

(a) Except as otherwise provided in accordance with a collective bargaining agreement under subch. I or V of ch. 111 or s. 230.12 or 233.10, each insured employee under the age of 70 and annuitant under the age of 65 shall pay for group life insurance coverage a sum, approved by the group insurance board, which shall not exceed 60 cents monthly for each \$1,000 of group life insurance, based upon the last amount of insurance in force during the month for which earnings are paid. The equivalent premium may be fixed by the group insurance board if the annual compensation is paid in other than 12 monthly installments.

(b) Beginning with the month in which an insured employee attains age 70 or an annuitant attains the age of 65, no withholdings from the employee's earnings or annuity may be made under this subsection.

(c) Beginning with the month in which an insured employee is retired on a disability annuity, and continuing as long as the annuity is not terminated, no further premium shall be required under this subsection for the retired insured employee. No premium is required under this subsection for an insured employee during a period of disability during which premiums are waived under the insurance contract.

(d) Except as provided under par. (c), the premium payment for any insured employee whose eligibility for continued coverage is based on s. 40.72 (4) shall be deducted from the appropriate annuity payroll as authorized by s. 40.08 (2),

if the annuity is sufficient, or the employee may make direct payments to continue insurance coverage or the employee's employer may pay, on behalf of the employee, the premium payment according to procedures established by the department.

(e) Each employer shall contribute toward the payment of premiums under this section an amount which, together with the employee's contribution, will equal the gross monthly premium determined by the group insurance board for the employee's insurance and any employer may pay for all employees any part or all of the premium required to be paid by employees under par. (a). If an employer elects to pay the entire premium for all of its employees for one or more of the types of insurance coverage established under s. 40.03 (6) (b) or 40.70 (3), a resolution shall be filed with the department. Applications shall be filed and premiums paid for any eligible employees, including those not previously insured under coverage selected by the employer, effective the first day of the month following receipt of the resolution or the effective date of the election, whichever is later, and full payment of premiums for the employees shall be due the department pursuant to the contractual requirements between the group insurance board and the insurer. If an employer elects to pay the entire premium for a portion of its employees, notice is not required and previously filed cancellations are not revoked."

E. Wis. Stat. § 40.70 Life insurance coverage.

(1) Except as provided in sub. (11), each eligible employee of an employer shall be insured under the group life insurance plan provided under this subchapter if all of the following apply:

(a) The employer is a participating employer under the Wisconsin retirement system and was included in the group life insurance program by s. 40.20 (5m), 1979 stats., or the governing body of the employer has adopted a resolution in a form prescribed by the department to make coverage available to its employees or is the state. Coverage may also be extended by rule to employees under other retirement systems if the employer adopts a resolution as specified in this paragraph. A certified copy of the resolution shall be filed with the department and the resolution takes effect on the first day of the 4th month beginning after the date of filing. An employer may provide group life insurance for its employees through separate contracts in addition to, or in lieu of, the group life insurance provided by the department under this subchapter.

(b) The employee files an application in the manner provided by rule or contract, to be effective on a date fixed by the department, for one or more of the types of coverage established under this subchapter. The group insurance board may provide a different method of enrollment than provided under this subsection.

(c) The employee pays the employee contribution toward the life insurance premium under s. 40.05 (6).

(2) A resolution adopted under sub. (1) (a) takes effect only if the department determines that at least 50% of the eligible employees of that employer will be covered at the time that the resolution is effective. The department's determination shall be based on the employer's prior year-end report of the number of employees participating in the Wisconsin retirement system or, if the employer was not a participating employer in the prior year, on the number of

employees who, on or before the 15th day of the month immediately preceding the effective date of the resolution, have applied for group life insurance coverage under this subchapter. If the department nullifies a resolution based on insufficient participation, the employer may not file another resolution under sub. (1) (a) during the first 6 months after the date of the previous filing.

(3) Employers may adopt resolutions providing all the coverages provided under this subchapter or provided by contract or may identify in the resolution only specified coverages that are authorized by contract to be offered separately. Employees may file an application under sub. (1) (b) for the amount of coverage provided under s. 40.72 (1) and for any other coverage offered by their employer. The department shall determine the method of administration and the procedure for collection of premiums and employer costs.

(4)(a) The governing body of any employer may do any of the following:

1. Change the coverage that it makes available to its employees under s. 40.72 (2) or (3) by adopting an amended resolution and filing a certified copy of the amended resolution with the department.

2. Withdraw from making coverage under this subchapter available to its employees by adopting a withdrawal resolution and filing a certified copy of the withdrawal resolution with the department.

3. Nullify its amended resolution or withdrawal resolution at any time before it becomes effective by adopting a nullifying resolution and filing a certified copy of the nullifying resolution with the department.

(4)(b) Except as provided in sub. (5), amended resolutions and withdrawal resolutions take effect on the first day of the 4th month beginning after the date of filing. Nullifying resolutions take effect on the date of filing.

(c) If a withdrawal resolution becomes effective, the employer may not file another resolution under sub. (1) (a) during the first 12 months after the effective date of the withdrawal resolution.

(5) The department may accept or reject an amended resolution, or a resolution under sub. (1) (a) that is filed after the employer's withdrawal resolution becomes effective, and may charge the employer for any postretirement insurance liability.

(6) Except as provided in sub. (7m), any employee who has not applied for coverage under sub. (1) within the time period specified by rule or contract after becoming eligible for coverage or any employee whose insurance terminates under sub. (8) shall not thereafter become insured for that coverage unless the employee furnishes evidence of insurability satisfactory to the insurer, at his or her own expense. If the evidence is approved, the employee shall become insured on the first day of the first month beginning after the approval.

(7m) If, as a result of employer error, an employee has not filed an application with the department as required under sub. (1) (b) or made premium contributions as required under sub. (1) (c) within 60 days after becoming eligible for group life insurance coverage, the employee is considered not to be insured for that coverage. The employee may become insured by filing a new application under sub. (1) (b) within 30 days after the employee receives from the employer

written notice of the error. An employee is not required to furnish evidence of insurability to become insured under this subsection. An employee becomes insured under this subsection on the first day of the first month beginning after the date on which the employer receives the employee's new application under sub. (1) (b).

(8) An insured employee may at any time cancel one or more of the types of life insurance coverage provided under this subchapter by filing a cancellation form with the employing office. The cancellation form shall be transmitted immediately to the department. The cancellation shall be effective and the insurance shall cease at the end of the calendar month which begins after the cancellation form is received by the appropriate office.

(9) The life insurance shall terminate as provided in the contract which shall also provide an option for an employee to convert insurance coverage upon termination of employment if covered by the insurance during the entire 6 months preceding termination or if covered by the insurance from the initial effective date for that employer, to the date of termination.

(10) The group insurance board may provide for the continuation or suspension of insurance coverage during any month in which no earnings are received during a leave of absence.

(11) An eligible state employee shall not be insured under the group life insurance provided under this subchapter if the employee elects insurance coverage with a county under s. 978.12 (6)."

History: 1981 c. 96; 1989 a. 13, 31, 182; 1991 a. 152.

F. Wis. Stat. § 40.72 Life insurance benefits.

(1) Except as provided in sub. (2), (3), (3m), (8) or (10), the amount of group life insurance of an insured employee under age 70 shall be \$1,000 of insurance for each \$1,000 or part of \$1,000 of the employee's annual earnings during the prior calendar year, notwithstanding any limitation of amount that may otherwise be provided by law. For persons covered initially the earnings shall be a projection on an annual basis of the compensation at the time of coverage until the date determined by the group insurance board for establishing new annual amounts of insurance.

(2) Except as provided by sub. (3), the amount of life insurance for any insured eligible employee who is 70 years of age or older or insured retired eligible employee under sub. (4) who is 65 years of age or over shall be the amount as computed under sub. (1) reduced by 25% of that amount on each birthday of the employee commencing with the employee's 65th birthday, with a maximum reduction of 75%.

(3) The maximum reduction in the amount of insurance for any insured employee to whom this subsection applies by an election under s. 40.70 (3) and for any insured state employee shall be 50%.

(3m) The group insurance board may, by contract, limit the amount of group life insurance for any insured employee who becomes insured by electing coverage under s. 40.70 (6).

(4) The amount of life insurance for any insured employee who was either a participating employee before January 1, 1990, or who has been covered under the group life insurance plan in at least 5 calendar years after 1989, who terminates employment shall be the same as if the employee had not terminated employment and earnings had continued at the same amount as at the time of termination, except as provided in subs. (2) and (3) and s. 40.70 (3), if any of the following applies on the date of termination:

(a) The employee meets all of the requirements for receiving an immediate annuity except the filing of an application.

(b) The sum of the employee's creditable service on January 1, 1990, and the number of calendar years after 1989 in which the employee has been covered under the group life insurance plan equals at least 20 years.

(c) The employee's number of years of service with the participating employer by whom the employee was employed immediately before termination equals at least 20 years.

(4g) Any individual who became an employee of the state under chapter 90, laws of 1973, section 546, as affected by chapter 333, laws of 1973, section 189b, may use service as a member of the Milwaukee County employee's retirement system to meet any service requirements under this subchapter.

(4r) At any time after an insured employee's amount of life insurance is reduced under subs. (2) and (3) and life insurance premiums are no longer required under s. 40.05 (6) (b), the employee may convert the present value of the life insurance to pay the premiums for health or long-term care insurance provided under subch. IV, but only if the department determines that the value of the conversion is exempt from taxation under the internal revenue code.

(5) The amount of insurance specified under sub. (4) shall be adjusted when the person again becomes an employee of an employer participating in the group life insurance plan and while employed again the person shall pay premiums under s. 40.05 (6) for the insurance.

(6) The amount of insurance of an employee who retires on disability annuity shall be the same as if the employee had not retired and his or her earnings had continued in the same amount as at the time of his or her retirement, except as provided by subs. (2) and (3).

(7) During a period of disability in which premiums are waived under the terms of the insurance contract the amount of insurance shall be the same as if the employee had not become disabled and earnings had continued at the same amount as at the time of becoming disabled, and the contract may provide that the insurance continues during the continuance of the disability even if the person ceases to be an employee.

(8) The life insurance in effect during the previous year shall not be reduced during subsequent consecutive years of eligible employment with the same employer unless the employee elects to have the amount of life insurance

recomputed under subs. (1) to (3) or cancels coverage. The election shall be made under procedures established by the department. This subsection is subject to the limitations of subs. (2) and (3).

(9) In addition to the insurance provided under sub. (1), insurance may be provided against accidental death and dismemberment as defined by the group insurance board in accordance with benefit schedules established by contract.

(10) Each insured state employee, and each insured employee to whom this subsection applies by an election under s. 40.70 (3), who is under 70 years of age, or 65 years of age if retired, shall be provided an amount of group life insurance in addition to that provided under sub. (1) equal to 100% of the employee's earnings rounded to the next higher \$1,000, if earnings are not in even \$1,000 increments. The employee may cancel, in accord with the procedures specified by s. 40.70, the amount of additional insurance provided under this subsection.

Appendix B – Wisconsin Administrative Code

Wisconsin Administrative Code provides additional operational guidelines for the administration of the Group life Insurance program.

- A. **ETF 10.01 Definitions.** Words, phrases, and terms used in all ETF chapters which are not defined in this section shall have the meaning set forth in s. 40.02, Stats.:

(2) "Dependent" means:

(a) For life insurance purposes, an employee's spouse and an employee's unmarried child, including natural child, stepchild, adopted child and a child in an adoptive placement under s. 48.837 (1), Stats., who is dependent upon the employee for at least 50% of support and maintenance and who is:

1. More than 14 days of age, but under the age of 19,
2. Age 19 or over but less than age 25 if a full-time student, **or**
3. Age 19 or older and incapable of self-support because of a physical or mental disability which is expected to be of long-continued or indefinite duration.

(3m) "Medical record" includes medical evaluation, diagnosis, prognosis, rehabilitation potential, medication, treatment, diet, limitations on activities, symptoms, general physical or mental condition, x-rays, lab tests or results, or any communication or information related to the health, medical, surgical, dental, optometric, chiropractic, podiatric or hospital care or condition of a participant or the spouse or dependent of the participant.

(5) "Student" means, for insurance purposes, a person, who is enrolled in an institution which provides a schedule of courses or classes and, whose principal activity is the procurement of an education. Full-time student status shall be defined by the institution in which the student is enrolled and shall include any usual vacation period if the child was a full-time student at the end of the previous term.

(6) "Summer vacation" means the time between the end of the regular school term of the school system in which the employee was last employed and the beginning of the next regular school term of that system.

- B. **ETF 60.31 Group life insurance coverage requirement.**

(1) An employer who has adopted a resolution to offer a group life insurance plan under s. 40.70 (1) (a), Stats., shall certify to the department all eligibility information specified by the department for employees eligible for group life insurance coverage on the effective date of the resolution. To verify that the participation requirement established under s. 40.70 (2), Stats., has been satisfied, the employer shall indicate the number of employees who have completed an application for coverage. The resolution shall be effective on January 1 if the certification of the eligibility information and the number of employees applying for coverage is received by the department no later than the preceding December 15. An employer may withdraw a resolution before it becomes effective if written notice by the governing body of the employer is received by the department no less than 5 working days before the

resolution becomes effective.

(2) The department may review a participating employer's level of employee participation in the basic group life insurance plan provided under s. 40.72 (1), Stats. If in making a review of a participating employer's level of employee participation in the basic group life insurance plan the department determines that there is no employee participation, and this is confirmed by the employer, the department may terminate the life insurance resolution adopted under s. 40.70 (1) (a), Stats. If the department determines that employee participation has decreased below the level established under s. 40.70 (2), Stats., the department shall prepare a list of those employers for submission to the group insurance board and the group insurance board shall determine which resolutions will be terminated. The termination of a resolution shall be effective either after the end of the third full month following the date the group insurance board or the department terminates coverage or the end of the calendar year, whichever occurs later. If a resolution is terminated under this subsection another resolution may be submitted under s. 40.70 (1) (a), Stats., after a lapse of 6 months from the effective date of the termination.

C. ETF 60.32 Group life insurance coverage for employees under a private pension plan.

Any insured employee who becomes an annuitant under a private pension plan and who retires before attaining age 65 but who has 20 years of service for the employer, may continue to be insured under the group life insurance plan if:

(1) The employee requests the continuation of the insurance by filing a form provided by the department with the employer within 60 days after termination of employment from the employer and agrees to pay the required premiums until reaching age 65; and

(2) The employer provides confirmation, to the department, of 20 years service.

D. ETF 60.33 Successor employers.

(1) Whenever any employer is created, the territory of which includes more than one-half of the assessed valuation of an employer which was at the time of creation a participating employer, and the newly created employer assumes the functions and responsibilities of the previous employer, the newly created employer shall be a participating employer under the group life insurance program from the inception of the employer.

(2) Any person covered on the day preceding the date of creation of the successor employer shall continue to be covered under the group life insurance program on the same basis.

(3) Any person who first becomes eligible for group life insurance coverage as a result of the consolidation of employers and who desires to enroll shall apply for coverage in accordance with the contract.

(4) The amount of group life insurance coverage for an insured employee of a successor employer shall be based on the aggregate of earnings from both the predecessor and successor employers in the previous calendar year.

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